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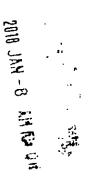
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PICK-UP	WAIT	MAIL
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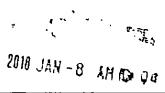
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	UNIVER	RSAL CONSTRUC	CTION S	UPPLIES INC	
DOCUMENT NUMBER:	1BER:P17000006940				
The enclosed Articles of Amendmen	n and fee are su	ubmitted for filing.	-		
Please return all correspondence cor	scerning this ma	itter to the following	ng:		
		RAUL A. DL	AZ LOPE	Z	
	Name of Contact Person				
	UNIVERSAL CONSTRUCTION SUPPLIES, INC				
	Firm/ Company				
	14686 SW INDIAN MOUND DR.				
		Addre		 *	
	INDIANTOWN, FL 34956				
		City/ State and	l Zip Cod	e	
		ALLCORPS123@	DGMAIL.	СОМ	
E-mail a		sed for future anni	-		
			•		
For further information concerning t	his matter, pleas	se call:			
RAUL A. DIA	Z LOPEZ	at (561	420-3368	
Name of Contact Per	son		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following	g amount made	payable to the Flo	rida Depa	artment of State:	
	Filing Fee & cate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	- oy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corpor P.O. Box 6327	rations		Amend Divisio Clifton	Address Iment Section on of Corporations Building	
Tallahassee, FL 32	· · · · · · · · · · · · · · · · · · ·				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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UNIVERSAL CONSTRUCTION SUPPLIES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P17000006940

(Document Number of Corporation (if known)

name must be distinguishable and contain the word "corporation	CONSTRUCTION, INC The ne
"Corp., Inc., or Co., or the designation "Corp." "Inc. or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	14686 SW INDIAN MOUND DR.
Principal office address <u>MUST BE A STREET ADDRESS</u>)	INDIANTOWN, FL 34956
C. Enter new mailing address, if applicable:	14686 SW INDIAN MOUND DR.
(Mailing address MAY BE A POST OFFICE BOX)	THOMAS IN THOMAS MOONE BY
<u> </u>	INDIANTWON, FL 34956
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	dress in Florida, enter the name of the
). If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	dress in Florida, enter the name of the
). If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	dress in Florida, enter the name of the

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	•			
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendme	and GL address
(no more than 90 days after amenana	on fue atte
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. It must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
by	''
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder actio action was not required.	n and shareholder
01/04/2018 Dated	
Signature RAU DIAZ L.	
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
RAUL A. DIAZ-LOPEZ	
(Typed or printed name of person signing	ng)
PRESIDENT	
(Title of person signing)	