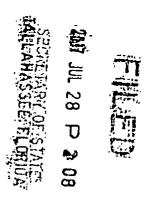
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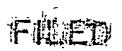
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	EJ ORTIZ CONSTR ON:	UCTION, CORP			
DOCUMENT NUMBER:	P17000019030				
The enclosed Articles of Am	endment and fee are subn	nitted for filing.			
Please return all corresponde	nce concerning this matter	r to the following:			
ERIS J ORTIZ CRUZ					
		(Name of Contact I	Person)		
3864 PRADO DR					
		(Firm/ Compar	ıy)		
-		(Address)			
SARASOTA, FL 34235					
		(City/ State and Zip	Code)		
EJORTIZCONSTRUCTION	N@YAHOO.COM				
E	-mail address: (to be used	for future annual re	port not	ification)
For further information conc	erning this matter, please	call:			
		n	941 it		914-1571
	(Name of Contact Person)			Code)	(Daytime Telephone Number)
Enclosed is a check for the for	ollowing amount made pay	yable to the Florida	Departi	nent of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is osed)
P.O. Box 6	nt Section f Corporations	A D C	treet Ac mendme Division G lifton Be 661 Exe	ent Secti of Corpo uilding	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



1	ORTIZ.	CONSTRUCTION	CORE

2018 101-28 ₽ 2-08

(Name of Corporation as currently filed with the Florida Dept. of State) P17000019030 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **ERIS JOEL ORTIZ CRUZ** Name of New Registered Agent: 3864 PRADO DR (Florida street address) New Registered Office Address: , Florida 34235 (Zip Code) **SARASOTA** (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Remove			
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6) Change			
Add			
Remove			

f amending or adding additional Arti- utach additional sheets: if necessary).	(Be specific)				
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	date of each amendment(s) adopt this document was signed.	on:	, if other than the
	ective date if applicable:		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block dument's effective date on the Depart	oes not meet the applicable statutory filing requirements, this date will not ment of State's records.	t be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 07/24/2017		
		or vice chairman of the board, president or other officer-if directors	_
		elected, by an incorporator – if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	
	ERIS J ORT	IZ CRUZ	
		(Typed or printed name of person signing)	
	PRESIDEN	Γ	
		(Title of person signing)	