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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

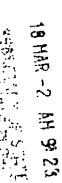
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA		ALC TEAM	Inc.				
DOCUMENT NUMBER	r: 17170000	289195	· <u>-</u> <u>-</u> -				
The enclosed Articles of	Amendment and fee are si	abmitted for filing.					
Please return ail correspo	ndence concerning this ma	atter to the following:					
	Trevor Your F	Albernath Name of Contact Perso	The				
		Firm/ Company					
	S414 W. Crenshaw St Address						
	Tempa	City/ State and Zip Cod	<u>-</u>				
	E-mail address: (to be us	cour Plumber sed for future annual report	Targa Bay. com notification)				
For further information co	oncerning this matter, pleas	se call:					
Shawn Warne of C	enson Contact Person	at (<u>S13</u> Area Co	de & Daytime Telephone Number				
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:				
\$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing	Address	Street	Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of

- Your AIC Team Inc	<u> </u>		
(Name of Corporation a	s currently filed with the F	lorida Dept. of State)	
P17000089195			
(Document	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Co	rporation adopts the following amendment	(s) to
A. If amending name, enter the new name of the corpo	ration:		
		The new	
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co" or the designation "Corp," "word "chartered," "professional association," or the abbr	Inc." or "Co". A professio	or "incomposated" and the little	
B. Enter new principal office address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRES	(22	1	
	<u></u>		
	_		77
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2 · 2 · [
*		12	
		4 2	
· · ·			
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	ffice address in Florida, en	ter the name of the	
new registered agent and/or the new registered onto	e address:		
Name of New Registered Agent			
	Florida street address)		
New Registered Office Address:		71	
rear registered Office ripuress.	(City)	, Florida (Zip Code)	
	·	,,	
New Registered Agent's Signature, if changing Registere	ed 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

P = President; V= Vio Executive Officer; CFO held. President. Treass Changes should be not a change, Mike Jones of Mike Jones, V as Remo	se President O = Chief H arer. Directo ed in the followers the colory the colory the colory the presented in the colory the colory the colory the presented in the	rmancial Officer. If an officer/direct or would be PTD. Howing manner. Currently John Doe orporation, Sally Smith is named the	firector: TR= Trustee: C = Chairman or Clestor holds more than one title, list the first lettor is listed as the PST and Mike Jones is listed as V and S. These should be noted as John Doe,	er of each office
Example: X_Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1)Change	<u>V</u> S	Shawn Hense	on SHIH W CFERS	<u>shaw</u> 57
Add			Tampa, FI,	3 <u>36</u> 34
Remove	_			
2) Change	79	Trevox Alber	•	
Add Remove			Tampa, F1, 33	1634
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				<u></u>
Remove				
6) Change				
Add				
Remove				

· 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)

	additional sh	ling additional neets, if necesso	iry). (Be spi	ecific)	 -			
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nrovici	ions for imp	lowerting the	exchange, rec	ciassification,	or cancellation	n of issued shar dment itself:	res.	
(if	not applicab	ole, indicate N/	All amendment i	1 not Containe	a in the amen	ament useit:		
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The date of each amendment(s) adoption:	, if other than the
$\gamma \sim \ell + \ell$	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2-36-18	
Signature(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed of printed fiame of person signing)	
- President	
(Title of person signing)	