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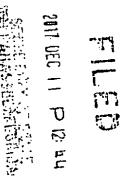
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SG.G.	CONSTRU	CION INC
DOCUMENT NUMBER: P17000	94432	
The enclosed Articles of Amendment and fee are sul	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Donna 1	Lovales Name of Contact Person	<u> </u>
DEE Multis	erures Corp)
3611 Lee B1	Address	
Lehigh Acr	eS FL 33 City/ State and Zip Code	971
dcy pressinsur E-hail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
Donna Horales Name of Contact Person	at (<u>239</u> Area Co) 674-7608 de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	ortment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	· · · · · · · · · · · · · · · · · · ·	Address ment Section

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

SGG CONSTRUCTO	JUI CK	
	as currently filed with the Fl	oridi, Dept-of State P 12: 45
P170000 94432		men a supplier of
(Documen	it Number of Corporation (if kn	OWN TERRASSEE PROBLEM
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," o "Inc," or "Co". A profession	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered office. 		er the name of the
	ice address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
Service Committee Committe	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	m familiar with and accept the	
Signatus	re of New Registered Agent, if	changing

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 Doc 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 Doc, 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>c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>SV</u>	<u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_ _		
Add				
Remove				
5) Change				
Add				
Remove				
5) Change				
Add				
Remove				

	ng or adding add ditional sheets, if i	necessary). (E	Be specific)				
						 	
							
							
							
							
			•				
							
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			-				
	 						
Tan amer	ndment provides	for an exchanc	e reclassificat	ion or cancella	tion of issued sl	1:1 Fec	
provision	s for implementi	ng the amendn	nent if not cont	ained in the am	endment itself:		
(if no	ot applicable, indic	zate N/A)					
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	7-4*			<u> </u>		-	
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			-		· ·	_	
		<u>. </u>					

The date of each amendment(s) adoption: Nov 28, 2017 date this document was signed.	, if other than the
Effective date if applicable: 1001 28, 2017 (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 will document's effective date on the Department of State's records.	I 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 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):	
"The number of votes east 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 12 4 17	
Signature	
(By a director, president or other of the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Shey la <u>butierrez</u> (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	