

(Requestor's Name)	
(Address)	6
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	S TA
Special Instructions to Filing Officer:	
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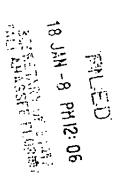
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		ļ	
NAME OF CORPORATION: The Long	hon Co	enstruct	ion Con
DOCUMENT NUMBER: P 170000	199528		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		i.
Please return all correspondence concerning this matter	er to the following:		
Hongha  Thongha  Ho Glenda  Lakehand  Tongha  Tongha  Email address: (to be use	Name of Contact Person  Firm/ Company  Address  City/ State and Zip Code  ad for future annual report	rudion 107 3	Corp
For further information concerning this matter, please	call:		
Kimberly Flores Name of Contact Person	at ( Area Co	de & Daytime Telepl	none Number
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fe Certificate of Sta Certified Copy (Additional Copy is enclosed)	ntus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment	
to	
Articles of Incorporation	
TX Longhorn Construction	Coro
(Name of Corporation as currently filed with the Florid	da Dept. of State)
Y17000099557	
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	;
	Thenew
name must be distinguishable and contain the word "corporation," "company," or " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 10
	S 8
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	0
	<b>多意 あ</b>
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:	<del>.</del>
Name of New Registered Agent	
rume of thew Registered Agent	
(Florida street address)	İ
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the ob-	ligations of the position.
	I I

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheet, Please note the officer/a P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le	and/or I s, if neces lirector til Presiden = Chief er, Direct d in the fo	Director being added: ssary) tle by the first letter of the office title: nt; T = Treasurer; S = Secretary; D = Director; Financial Officer. If an officer/director holds tor would be PTD. ollowing manner. Currently John Doe is listed	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name O + 1	Address
1) Change Add	P	Kony Flores	140 Glendale St Apt 407
Remove			Lukeland Fl 3340
2) Change	<u></u>		
Add			<del></del>
Remove			· · · · · · · · · · · · · · · · · · ·
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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If amending or adding addition Attach additional sheets, if nec	essary). (Be specific)		
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f an amendment provides for	r an exchange, reclassifica	tion, or cancellation of issued sl	iares,
<u>provisions for implementing</u> (if not applicable, indicat	the amendment if not cor	tained in the amendment itself:	
(i) nor apparents, much	( 17772 )		
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The date of each amendment(s) adoption:	, if other than the
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 dat document's effective date on the Department of State's records.	te 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 east 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholde action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3 2 3 3 Signature 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)	I
(Fyped or printed name of person signing)	
(pyped or printed name of person signing)	.0.
(Title of person-signing)	<u> </u>