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SECONETANT OF STATE
AND ANASSED FLORID.

DEC 03 2018
S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Axe General Contr	actor Corp.	
	BER: P18000017146		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Josiane Machado		
		Name of Contact Persor	1
	Axe General Contractor Corp).	
		Firm/ Company	
	2217 E. Atlantic Blvd., Suite	1	
		Address	,
	Pompano Beach, FL 33062		
	-	City/ State and Zip Code	2
iosia	na@machadoinsurance.com		
	-	sed for future annual report	notification)
	,	•	,
For further information	on concerning this matter, pleas	se call:	
Josiana Machado		754 at (200-6795
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Axe General Contractor Corp.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P18000017146	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "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
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	00
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DV 26 PM 4: 37
D. 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	
(Florida si	treet address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DIR	Michael Cooper	2217 E. Atlantic Blvd. Suite 1
Add X Remove		,	Pompano Beach, FL 33062
2) Change	DIR	Jose Miguel Sanchez	2217 E. Atlantic Blvd. Suite I
X Add			Pompano Beach, FL 33062
Remove			
3)Change			
Add			
Remove			
4) Change			
Add		·	
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attac	h <i>additional sh</i>	ing additional Ar eets, if necessary)	. (Be specific)				
							
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fan Droy	amendment p	rovides for an exc lementing the am	change, reclassi	fication, or cance	ellation of issued	shares.	
Di O S	(if not applicat	ole, indicate N/A)	chament it not	contained in the	amendinent rese	<u></u>	
	<u> </u>						
		<u>-</u> .					_
							_
					. 		
							

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, document's effective date on the Department of State's records.	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 for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust be separately provided for each voting group entitled to vote separately on the amendment(s)	
"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.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated 11 - 20 - 18.	
Dated	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court
Josiane Machado	
(Typed or printed name of person signing)	
President	
(Title of nerson signing)	