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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: CRUZ CONSTRU	ICTION AND MAINTEN	ANCE INC	
DOCUMENT NU	MBER: P18000024263			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	itter to the following:		
	LUIS CRUZ			
		Name of Contact Person	n	
	CRUZ CONSTRUCTION AND MAINTENANCE INC			
		Firm/ Company		
	335 RICKLYNN AVE	, .		
		Address	<u> </u>	
	LAKE ALFRED, FL 33850	23		
		City/ State and Zip Cod	e	
KE	LVIN@KCCONSTRUCTIONI	FL.COM		
	_	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas		520-9273	
	e of Contact Person	at (407	de & Daytime Telephone Number	
	for the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation \mathbf{of}

CRUZ CONSTRUCTION AND MAINTENANCE INC				
(Name of Corporation as current	tly filed with the Florida	Dept. of State)		
P18000024263				
(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 Corporatio	on adopts the following	lowing amend	lment(s)
A. If amending name, enter the new name of the corporation:				
N/A			The i	new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional con	corporated" or i rporation name i	the abbreviat	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	 NA			_
				=. ∞
	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	·	i .	
C. Enter new mailing address, if applicable:				₹ 20 TI
(Mailing address MAY BE A POST OFFICE BOX)			- 	24
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			<u> </u>	= ∪ -
•			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		e name of the	2 P (1)	S
Na	MIN			
Name of New Registered Agent				
(Florida s	street address)			
New Registered Office Address: NA	· · · · · · · · · · · · · · · · · · ·	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	n <u>t:</u> r with and accept the oblig	ations of the pos	ition.	
Cimatum of Nam	Davietował Agont if chang	ringt		

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	GONZALEZ, MARIANNE	335 RICKLYNN AVE
Add			LAKE ALFRED, FL 33850
Remove			
2) X Change	VP	CASTANEDA, LUIS E	335 RICKLYNN AVE
Add			LAKE ALFRED, FL 33850
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamara			

. If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)
MADE A MISTAKE ON THE ORIGINAL	. APPLICATION
147	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g) not application, financial control	
<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, this date document's effective date on the Department of State's records.	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 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
4/19/18	
Dated	
Marian Ste Voice	
Signature / Mulling Land Festor (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 or printed name of person signing)	
President	
(Title of person signing)	