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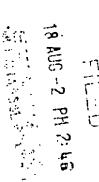
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Nickw		total GAP.
DOCUMENT NUMB	er: P. 180	000 39 658	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MANINA F	PAJ 700'NO /C	+R LOS PAS TONI'NO
		Name of Contact Cison	
-		Firm/ Company	
	4459 WES	TERN GAILS	CT. # 401 3916
	6+2	Address	1611
-	Port 1()	City/ State and Zip Code	2716
	E-mail address: (to be us	ETZEZO. Com sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARINA	PASTORINO	at (954	7019785
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Fiting Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	ndment Section sion of Corporations		ment Section n of Corporations
P.O.	Box 6327	Clifton	Building
Talla	hassee, FL 32314	2661 E:	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Nickwest	CONTRACTOR	CORP
MICO WEST	CONTRACTOR	we.

NICKWEST CON	TRACTOR CORP.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P18000039	658	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The 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 corporation name must contain the	
B. Enter new principal office address, if applicable:	4459 WESTERN GAILS CT	
(Principal office address MUST BE A STREET ADDRESS)	# 401 Fort MYENS.	
	FC. 33916	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	4459 WESTERN FAILS CT.	
	# 401 Fort MYERS.	
	F(- 33916	
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addres		
Name of New Registered Agent NICHOLAS P	a>To eino	
2617 Jw 18 A (Florida s	NE CONTRACTOR CONTRACT	
	treet address)	
New Registered Office Address: CAPE CONAL.	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.	
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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P CARLOS PASTORINO	CAPE COLAT. FL.
Add		CAPE COLAT. FL.
X Remove		33914
2) Change	P HARINA PASTORINO	4454 WESTERN GAILS
X_ Add		#401-FOFT MYERS
Remove		FL. 33916
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change	-	
Add		·
Remove		
6) Change	 	
Add		
Remove		

	(Be specific)
200	
F-3884	· · · · · · · · · · · · · · · · · · ·
	
- NO	
f d	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:

The date of each amendment(s) adoption: 7-29-3018 date this document was signed.	, if other than the
Effective date if applicable: 7-29-2018 (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 wil 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 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.	
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)	
CARLOS PASTORINO (Typed or printed name of person signing)	
Presilent. (Title of person signing)	