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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: KIP MARANTO COMS	TRUCTION INC.
DOCUMENT NUMBER: <u>P\8 0000591720</u>	
The enclosed Articles of Amendment and fee are submitted for filin	g.
Please return all correspondence concerning this matter to the follow	ving:
KIP MARANTO Name of Con	ntact Person
<u> </u>	USTRUCTION INC
103 SE MEGAN	1 GLEN
City/ State as	FL 32 0 25 nd Zip Code
E-mail address: (to be used for the ture an	nual report notification)
For further information concerning this matter, please call:	
VIP MARANTO at (365 - 0 478 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the F	
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Fili	opy Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

	CONSTRUCT		D	
		filed with the Florida	Dept. of State)	
	80000 5977	Corporation (if known)		
(txcui	ment Number of t	Lorporation (11 known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this F	lorida Profit Corporatio	on adopts the fo	Howing amendment(s) to
A. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o, " "Inc, " or "C	o". A professional co		the abbreviation
B. Enter new principal office address, if applicable				
(Principal office address MUST BE A STREET AD)	<u>OKESS</u>)			7 8
				量出
			 	100 F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)			SEC F
(Manny duties) MAT BEAT OBT OF FIELD	, <u>,,,,</u> ,			70
				<u> </u>
				<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:			. Florida	
	((Tity)		(Zip Code)
Now Design of Asset Colonia in the C	-!			
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	elstered Agent: I am familiar wi	th and accept the oblige	utions of the pos	ition.
· · · · · · · · · · · · · · · · · · ·				
Sio	nature of New Rec	gistered Agent, if chang	rine	
57.5	, , , , , , , , , , , , , , , , , , , ,	,		

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 D	<u>000</u>	
X Remove	V	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>S/T</u>	<i>.</i> –	MARGARET MARANTO	103 SE MEGAN GEN
X Add				LAKE CITY, FL 32025
Remove				
2) Change	·····	- -		
Add				
Remove				. .
3) Change				
Add				
Remove				
4) Change		_ - -		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

(Attach	ding or adding additional A additional sheets, if necessary). (Be specific)	age(s) net C.		
			<u> </u>		
					
			· · · · · · · · · · · · · · · · · · ·		
	•				
					
	 				
·					
: Ifaman	nendment provides for an e	vahanaa vaalassii	inatian ay sansal	lation of issued a	hauar
provis	ions for implementing the a	mendment if not o	contained in the a	mendment itself:	
(if	not applicable, indicate N/A)	I			
					
<u> </u>					

The date of each amendment(s) adoption: 20 Juy 2018 date this document was signed.	, 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 date vidocument'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.	
Dated 10 JULY 2018 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)	
Kip Maranto (Typed or printed name of person signing)	
Trusti DENT (Title of person signing)	