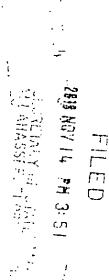
P/200070533

(1	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: SICKO, X (ONSTUGIO) INC. DOCUMENT NUMBER: P1800070533				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
One Source Construction, Inc.				
10060 Ambawad Rd. Unit 3				
Fort myers Florida 33913 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Yurid G. Muudo at (239) 292.8226 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Sertificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee Sertificate of Status Certificate of Status (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of	
Sierra X constru	ction Inc
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P180000705	533
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	,
One-Source-Construction	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" 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>)	1006() Amberwood Rd. Unit3
	fort myers Ft 33913
C. Enter new mailing address, if applicable:	V
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Do 101/10/
	P.O. 1088
	Tohigh Age 5 33970
	thigh may to only
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	
10060 Amb	erwad Rd. Unit 3
New Registered Office Address: FOYT MUCK	(City) Florida 3.39 1.3 (Zip Code)
_	
New Registered Agent's Signature, if changing Registered Agen	· 29
I hereby accept the appointment as registered agent. I am familiar	
	ASS OF THE
	## 7
Signature of New	Registered Agent, if changing
Signatire of New	Register eta Agenta, ij changing Si D
	\mathcal{G}_{i}

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	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>N'ame</u>	Address
1) Change	P	Yund Macedo	P.O. BOX 1688
Add			Lehigh Acres 12 3397
Remove			
2) Change			
Add			
Remove			
3) Change	 .		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
nla	
-	
, , , , , , , , , , , , , , , , , , ,	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
nla	

The date of each amendment(s) adoption: NWlmblr 1st 2019, if other than the
Effective date if applicable: NIMBLY 15+ 2019 (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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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
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) (Typed or printed name of person signing) PVESIGIAL