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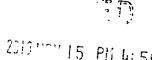
C. GOLDEN DEC 1 6 2019

COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	R&S CONSTRUC	TION OF SARASOTA IN	C		
	BER: P19000012299				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	KENNETH RABER				
	·	Name of Contact Persor)		
	R&S CONSTRUCTION OF SARASOTA INC				
		Firm/ Company	·		
	2817 GARRIOTT LN	· ·			
		Address	· -		
	SARASOTA, FL 34232				
		City/ State and Zip Code			
WCO	DASTACC@AOL.COM				
	**	sed for future annual report	notification)		
For further informatic	n concerning this matter, pleas		210-9287		
	of Contact Person	at (941 Area Co)de & Daytime Telephone Number		
	or the following amount made				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



R&S CONSTRUCTION OF SARASOTA INC

(Name of Corporation as currently filed with the Florida Dept. of State) P19000012299 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida_ New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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

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	Name	<u>Addres</u> s
1) Change	VP	NATHAN RABER	635 YERRICK RD
Add			AKRON, OH 44312
X Remove			
2) Change	VP	TAMMY RENAE RABER	2817 GARRIOTT LN
X Add			SARASOTA, FL 34232
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

<u>lf amending or adding add</u> Attach <i>additional sheets, if i</i>	necessary). (Be specific)				
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<u>f an amendment provides</u>	for an exchan	ge, reclassifica	tion, or cancell:	ition of issued	shares,	
provisions for implement	ing the amend	ment if not con	tained in the an	<u>nendment itse</u>	<u> 11:</u>	
(if not applicable, indi	care MA)					
						
	.		<u> </u>	<u> =</u>	<u> </u>	
·						

	OCTOBER 15, 2019	
The date of each amendment(s) add date this document was signed.	ption:	, if other than th
Effective date if applicable:		
<u>,,,</u>	tno more than 90 days after amendme	nt file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing retrient of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast cient for approval.	for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	wed by the shareholders through voting groups. T ich voting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approv	al
by	(voting group)	<u>_</u> , "
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ed by the board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adoptaction was not required.	ed by the incorporators without shareholder action	and shareholder
Dated	ot Raley	
(By a dir selected.	ector, president or other officer – if directors or off by an incorporator – if in the hands of a receiver, I fiduciary by that fiduciary)	
i	ENNETH RABER	
-	(Typed or printed name of person signin	g)
J	RESIDENT	
_	(Title of person signing)	