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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HIGH REFUGE C	CONSTRUCTION INC	
DOCUMENT NUM			. <u>. </u>
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	uter to the following:	•
	ALFONSO FELIX		
		Name of Contact Person	n
		Firm/ Company	
	3110 LAUREL LN		
	PLANT CITY FL 33566	Address	
		City/ State and Zip Cod	e
	уперауrollus@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Alfonso Felix		at (de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HIGH REFLIGE CONSTRUCTION INC

(Name of Corporation as currently	y filed with the Florida Dept. of State)	-
P19000047114	-	
(Document Number of	Corporation (if known)	<u>. </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation professional corporation name must contain	_The new on "Corp.," in the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		2022
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	
		<u></u>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	PH 1: 30
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	Florida	
(0	City) (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		
	gistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	ISAI FELIX MORAN	1305 E SPENCER ST	
Add Remove			PLANT CITY, FL 33563	
2) X Change	Р	ALONSO FELIX	3110 LAUREL LN	
Add			PLANT CITY, FL 33566	
Remove Change				
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change				
Add				
Remove				
n Change				
Add				
Remove				

	ets, if necessary),	1 2.4			
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an amendment ned	wides for an oveba	nun raelnerifiantiar	, or cancellation of iss		
provisions for imple	menting the amen	dment if not contain	icd in the amendment	ded snares,	
(if not applicable	: indicate N/4)	different not contain	icu in the amenomeni	_itseit:	
Co and applicant					
Cy and upplicant		-			
cy and appareune					
cy ma apparame					
cy ma apparame	-				
Cy ma apparame					·
су жа царассияс					
уулга царак инс			-		
уулга царак инс					
уулга царак инс					
уулга царак инс					
су по присине					
уулга царак иле					

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	08/27/2020	
The date of each amendment(s) ac	loption:	, if other than t
date this document was signed.		
08/2 Effective date <u>if applicable</u> :	7/2020	
is necessed and it apprecions.	(no more than 90 day:	s after amendment file date)
Note: If the date inserted in this bl document's effective date on the De		statutory filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		aber of votes cast for the amendment(s)
	roved by the shareholders through each voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were suf	Ticient for approval
by		"
· ·	(voting group)	
Dated		_
,		
Signature	Fanso Alit	
(By a di	rector, president or other officer - i	f directors or officers have not been
		ds of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)	
	ALFONSO FELIX	
	(Typed or printed name	of person signing)
	VICEPRESIDENT	
•	(Title of person signing))