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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

DEC " NINI TESTAVISTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CERTAIN MASON	ARY INC	
DOCUMENT NUMB	ER: P19000076226		
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Sharon L. Thibault		
•		Name of Contact Person	
	<u> </u>	Firm/ Company	<u>.</u>
	7070 Taft Street		
		Address	-
	Hollywood, FL 33024		
		City/ State and Zip Code	•
step	a57@aol.com		
	E-mail address: (to be use	ed for future annual report	notification)
	n concerning this matter, please	054	967-8200
Sharon L. Thibault		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations - Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CERTAIN MASONARY INC			
(Name o	f Corporation as curre	ntly filed with the Florida	Dept. of State)
P19000076226			
	(Document Number	of Corporation (if known)	·
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporat	ion adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
CERTAIN MASONRY INC			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," oi	r "Co". A professional co	ncorporated" or the abbreviation or
B. Enter new principal office address,	if applicable:	N/A	; 1
(Principal office address MUST BE A S	TREET ADDRESS)		19 \$7
			
G P	iaabla.		S 5 5
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	OFFICE BOX)	N/A	
			<i>``` </i>
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office a w registered office addr	ddress in Florida, enter tl ress:	he name of the
Name of New Registered Agent	N/A		
Name of New Registered Agent			
	(Floride	i street address)	
	N/A	e an eer alan e soy	
New Registered Office Address:		(City)	Florida (Zip Code)
		(City)	(ZIP Colle)
New Registered Agent's Signature, if of	hanging Registered Ag	ent:	
I hereby accept the appointment as regis	tered agent. I am famili	iar with and accept the obli	igations of the position.
	(2)	Danistanad town if -b-	wester.
	Signature of Ne	w Registered Agent, if cha	ngmg

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 officeridirector 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	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			,
Remove			7.00
3) Change			- - 10
Add			25 7
Remove			(m)
4) Change			TOP DATE OF THE PARTY OF THE PA
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articl (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)			
N/A	(De specific)			
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F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares	••		
provisions for implementing the anten	dment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
N/A	<u> </u>			

September 27, 2019	
The date of each amendment(s) adoption:	, if other th
date this document was signed.	
SEPTEMBER 27, 2019	
Effective date <u>if applicable</u> :	days after amendment file date)
	,
Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throw must be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors vaction was not required.	
The amendment(s) was/were adopted by the incorporators without action was not required.	out shareholder action and shareholder $\frac{1}{100}$
November 14, 2019 Dated	
Signature	
	er – if directors or officers have not been hands of a receiver, trustee, or other court
PATRICK CERTAIN	
(Typed or printed n	name of person signing)
PRESIDENT	
(Title o	of person signing)