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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ACROPOLIS CO	NSTRUCTION HN INC	
DOCUMENT NUM	BER: P19000084739		
	of Amendment and fee are st		
dease return all corre	espondence concerning this ma	itter to the following:	
	CARLOS PEREZ		
		Name of Contact Perso	n
	C PEREZ PROFESSIONAL	SERVICES INC	
		Firm/ Company	<del>V</del>
	4343 W WATERS AVE		
		Address	
	TAMPA, F1, 33614		
		City/ State and Zip Cod	· ·
	E-mail address: (to be us	sed for future annual report	notification)
or further informatic	on concerning this matter, pleas	se call:	
CARLOS PEREZ		V17	210 2300
	of Contact Person	at (	de & Daytime Telephone Number
Name	of Confact Person	Area Co	ide & Daytime Telephone Number
inclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## ACROPOLIS CONSTRUCTION HN INC

( <u>Name of Corp</u> e	oration as currently	filed with the Florid	la Dept. of State)		
P19000084739					
(D	ocument Number of (	Corporation (if know	1)	•	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this $F$	lorida Profit Corpor	ution adopts the followin	g amendmen	t(s) t
A. If amending name, enter the new name of the	he corporation:				
ACROPOLIS CONSTRUCTION HN INC				The new	
name must be distinguishable and contain the "Corp." "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	"orp." "Inc." or "C	o". A professional		bbreviation	
B. Enter new principal office address, if applic					
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )				
				<del></del>	
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE</u>	EBOX)				
D. If amending the registered agent and/or reg	ictored affice addre	. in Clarida antar t	ha nama af tha		
new registered agent and/or the new registe		ss in Florida, enter t	ne name of the		
Name of New Registered Agent				<u></u>	` ;_
				0c AUR	_
	(Florida stree	t address)		) 2C	
New Registered Office Address:			. Florida	70	٠
	μ	'dy)	(Zip (	lode)	- (; )
				F.	:>
New Registered Agent's Signature, if changing	Desictored Assets				SKO
I hereby accept the appointment as registered age	nt. Lam familiar wa	th and accept the obl	igations of the position		(),
<del></del>	Signature of New Res	vistered Agent, it'cha	บยู่เกิด		

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 PTO.

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.

r.vampte: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOEL AMAYA	2232 BLUE SAPPHIRE CIR
XAdd			ORLANDO FL 32837
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			·
Remove			
6) Change			
Add			
Remove			

fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N/4)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		( · · · · · · · · · · · · · · · · · ·	
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orovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	an amendment provides for an exch-	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	<u>provisions for implementing the amer</u>	idment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)		
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			_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10/30/2019 Effective date <u>if applicable</u> :	
(no mare than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date 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 comby the shareholders was/were sufficient for approval.	nst for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on t	
"The number of votes east for the amendment(s) was/were sufficient for appr	roval
by	<u></u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	r action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ion and shareholder
11/15/2019 Dated	
Signature May	ules
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a received appointed fiduciary by that (iduciary)	
MERY MORALES	
(Typed or printed name of person sign	ing)
PRESIDENT	
(Title of person signing)	