P2000012250

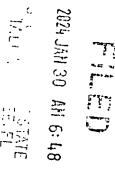
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Southeast Works, 1	nc.				
DOCUMENT NUM	BER: P2-0000012250					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Colicen K Murphy					
	Name of Contact Person					
	Southeast Works, Inc.					
	****	Firm/ Company				
	4656 Unit 4 Collins Road					
		Address				
	Jacksonville, FL 32244					
		City/ State and Zip Code				
	cmurphy@southeastworks.ne	•†				
	· · -	sed for future annual report	notification)			
For further information	on concerning this matter, plea	se call:at (465-3208			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
	niling Address mendment Section	Street	Address ment Section			
	rision of Corporations	Divisio	n of Corporations			
	D. Box 6327		entre of Tallahassee			
Tal	lahassee, FL 32314	2415 1	N. Monroc Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Southeast Works, Inc.	rll En
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P2-0000012250	ZUZ4 JAN 30 AH 5-10
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association." or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
· · · · · · · · · · · · · · · · · · ·	
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 ad	ldress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt.
I hereby accept the appointment as registered agent. I am familia	
Signature of New	Registered Agent, if changing
Cheat if applicable	
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)

Example:

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.

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Marcus E. Murphy	2361 Casey Lane
x Add			Fleming Island, FL 32003
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

4	
	<u></u>
	·· ··
If an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
provisions for implementing the amendment if not contained i	n the amendment itself:
(if not applicable, indicate N/A)	
1	

The date of each amendment(s) a date this document was signed.	doption:, if other than the
01/	15/2024
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by Southeast Works, Inc.	(voting group)
•	(voting group)
O1/15/2024 Dated Signature (By a conselected)	
	Collecn K Murphy
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)