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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

A Company of the Company of the Company

NAME OF COR	RPORATION: TYCA CONTRAC	CTING CORP.						
DOCUMENT N	UMBER: P21000050553							
	icles of Amendment and fee are su	bmitted for filing.						
Please return all o	correspondence concerning this ma EVANGELIA MARAGA	Ŋ						
		Name of Contact Person						
	TYCA CONTRACTING CORP.							
		Firm/ Company						
	854 SE CORTO TERR							
	Address							
	PORT ST. LUCIE, FLORIDA 34983							
	City/ State and Zip Code							
	OFFICE@TYCACONTRACTING.COM							
	_	sed for future annual report	notification)					
			,					
For further inform	nation concerning this matter, plea	se call:						
EVANGELIA M	iaraga s kis	at (344-3146					
Name of Contact Person		Area Co	de & Daytime Telephone Number					
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:					
■ \$35 Filing Fe	ee	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 Division The Co	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810					

Tallahassee. FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

TYCA CONTRACTING CORP.		7021 CED AM 7-10
(Name o	of Corporation as currently filed with the	ne Florida Dept. of State) Ail / 8
P21000050553		SERVICE OF STATE
	(Document Number of Corporation	(if known) CF STATE
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this Florida Profit	Corporation adopts the following amendment(s
. If amending name, enter the new na	ame of the corporation:	
		The new
	Corp," "Inc," or "Co". A professional	"incorporated" or the abbreviation "Corp.," corporation name must contain the word
. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
Enter new mailing address, if appli		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
. If amending the registered agent an	d/or registered office address in Florida	a, enter the name of the
new registered agent and/or the new	v registered office address:	
Name of New Registered Agent	EVANGELIA MARANGAKIS	
	854 SE CORTO TERR	
	(Florida street address)	
New Registered Office Address:	PORT ST. LUCIE	, Florida ³⁴⁹⁸³
Hen Hegisteren Office Handelin.	(City)	(Zip Code)
'au Dagistanad Agant's Signature if a	hansing Desistand Agents	
ew Registered Agent's Signature, if c	ered agent. I am familiar with and accep	of the obligations of the position
Serving accept the appointment and regime	E.O.Y	
	Sidnetture of Nova Pagistoral Men.	nt Nehanaina

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PSD	_	MARANGAKIS, EVELYN	2269 NE 2ND AVE
Add				BOCA RATON, FL 33431
X Remove				
2) Change		_	MARANGAKIS, EVANGELIA	854 SE CORTO TERR
X Add				PORT ST. LUCIE, FL 34983
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
·	
-	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the contained in the amendment itsen.

	08/16/2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
08/ Effective date <u>if applicable</u> :	16/2021	
in apparent.	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
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 sha	reholder 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 afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendation.	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	2021 Rapole Mas	
(By a c	director, president or other officer (if directors or officers had by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	
	EVANGELIA MARAGASKIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	