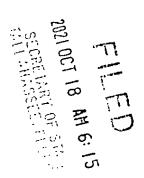


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10/19/21--01019--029 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXACT COST ES	TIMATES, INC.	
DOCUMENT NUMB	BER: P21000078381		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CRYSTAL MEDINA		
		Name of Contact Persor	1
	EXACT COST ESTIMATES		
		Firm/ Company	
	309 AULIN AVE, SUITE 10	0	
		Address	
	OVIEDO, FL 32765		
		City/ State and Zip Code	
	EXACTCOSTESTIMATES@	@GMAIL.COM	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
CRYSTAL MEDINA		at (615-9451 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	☐\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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2021 OCT 18 AM 6: 15
SECRETARY OF STATE
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EXACT COST ESTIMATES, INC.

tly filed with the Florida Dept. of State) SECRE INTO THE TALL AHASSEE, TE
IMIT WINGSES
of Corporation (if known)
s Florida Profit Corporation adopts the following amendment(s) to
_The new
"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
_N/A
NA
dress in Florida, enter the name of the
<u>ss:</u>
treet address)
, Florida
(City) (Zip Code)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	CRYSTAL MEDINA	309 AULIN AVE, SUITE 100
X Add			OVIEDO, FL 32765
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		····	all the control of th
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an 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/s) A A		d: 51 shares to Crysta	al Medina and 49 sha	res to Carlos Medina.	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	·				
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The date of each amendment		, if other than the
late this document was signed Effective date if applicable:	10/15/2021	
in appropries.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this ne Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated(Dated(Signature	3 Charles	
se	y a director, president or other officer – if directors or officers have not be lected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Crystal Medina	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	Secretary	
	(Title of person signing)	