P22000037610

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: TRINITY ONE CO	ONTRACTOR INC		
DOCUMENT NUMB	ER: P22000037610			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Наі Ниа Меі			
•		Name of Contact Person	1	
	TRINITY ONE CONTRACT	FOR INC		
		Firm/ Company		
	10681 E COLONIAL DR			
•		Address		
	ORLANDO, FL 32817			
•		City/ State and Zip Code		
	office@trinityoneco.com			
•	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Hai Hua Mei		at (731-1100	
Name o	f Contact Person	Area Co-	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TRINITY ONE CONTRACTOR INC

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P22000037610		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		T7
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 professional corporation name must contain	
B. Enter new principal office address, if applicable:		·
Principal office address <u>MUST BE A STREET ADDRESS</u>)	େ 2	
		<u> </u>
C. Fatanana and Manadalana Manadalana	AH H	0
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		. I
<u></u>	[대고 그:	1-3-2
	<u> </u>	<u>ر پ</u>
	ATE FL	
O. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address Name of New Registered Agent		-
(Classification)		-
(r toriau	street address)	
New Registered Office Address:	, Florida	
	(City) (Zip C	Lode)
ew Registered Agent's Signature, if changing Registered Age	ent:	
hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	-
5.5.mark ty item		
heck if applicable		
The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (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.

X Change	<u>PT</u> <u></u>	John Doe	
X Remove	<u>v</u> <u>:</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	WHITE, JIMMY Jack	1916 Deborah Drive
Add			Orlando, FL 32817
X Remove			
2) Change			<u></u>
Add			
Remove Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		 	
Add			
Remove			

acii (additional s	ding addition sheets, if neces	ssary). (Be	specific)	_			
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an an	nendment	provides for	<u>an exchange.</u>	reclassificat	ion, or cancel	llation of issue	ed shares,	
<u>provisi</u>	ions for im	plementing t able, indicate .	<u>he amendme</u>	nt if not con	tained in the	<u>amendment it</u>	<u>self:</u>	
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••	09/26/2024
The date of each amendment(s)	adoption:, if other than
date this document was signed.	
	/26/2024
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
Hai Hua Mei, XIA Y	·
by	(voting group)
09/26/20	24
Dated	
Signature	
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	HAI HUA MEI
	(Typed or printed name of person signing)
	President
	(Title of person signing)