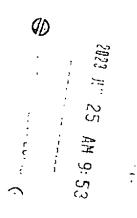


| | (Requestor's Name) | |
|-------------------------|--------------------------|--|
| | | |
| | (Address) | |
| | | |
| | | |
| | (Address) | |
| | | |
| | (City/State/Zip/Phone #) | |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| | | |
| | (Business Entity Name) | |
| | | |
| | (Document Number) | <u>. </u> |
| | | |
| | . | |
| Certified Copies | _ Certificates of | Status |
| | | |
| Special Instructions to | Filipa Officer | |
| Special instructions to | riming Officer. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

600412441168 600412441168

07/25/23---01002--005 **35.00



COVER LETTER

TO: Amendment Section

| Division of Corporations |
|---|
| NAME OF CORPORATION: PayNé Construction Group, INC DOCUMENT NUMBER: P22000065011 |
| DOCUMENT NUMBER: P2200065011 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Chris Pickerne Name of Contact-Person Payre Construction Gronf Inc. Firm/ Company 6506 NW 56th Care Address Gainesville Ft. 32.653 City/ State/and Zip Code Chris P Payre annual report potification) |
| For further information concerning this matter, please call: |
| Ohris Pickerhy at (352), 554-6646 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

| Payor Construction | Group, INC |
|--|---|
| | filed with the Florida Dept. of State) |
| 722000065011 | |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: | 267 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | 25 |
| C. Enter new mailing address, if applicable: | 3 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| · | |
| Name of New Registered Agent | |
| | |
| (Florida stree | et address) |
| New Registered Office Address: | Florida |
| (0 | City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the position. |
| Signature of New Reg | gistered Agent, if changing |
| 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 | PT John Do | <u>e</u> | | |
|-------------------------------|-------------|-------------|-----------|---|
| X Remove | V Mike Jos | <u>nes</u> | | |
| X Add | SV Sally Sn | <u>nith</u> | | |
| Type of Action (Check One) | Title | Name | | Address |
| 1) Change | <u>P</u> | JESSICA | Y. charly | 6506 Nw 56th Cone Gallesville, Fr. 32653 |
| Add Remove | \bigcirc | <u> </u> | \bigcap | Gallesville, Fr. 32653 |
| 2) Change | <u>+</u> | _ Chris | Y. cherry | Lane - Galucsville, Fr 3265 |
| Add Remove Change | | | | Lane = Gailles VIIIe, P. 5 |
| Add | | | | |
| Remove 4) Change | | • | | |
| Add | | | | |
| Remove 5) Change | | | | |
| Add | | | | |
| Remove | | | · | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | |
|---|---|--|
| | | |
| | | |
| | | · · |
| <u>. </u> | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | |
| | | |
| | | |
| · | | |
| | | |
| | | |
| | | |
| | | - |
| | | |
| · | | |
| | - | |
| | | |
| | | |
| , <u>, , , , , , , , , , , , , , , , , , </u> | | |
| | | |
| f an amendment provides for an exch | ange, reclassification, or cancellation adment if not contained in the amenda | of issued shares, |
| (if not applicable, indicate N/A) | unient if not contained in the amendi | ment itsen. |
| | | |
| | | |
| | | |
| . | | |
| | | |
| | | |
| | | |
| | ·· | · · · · · |
| | | |

| The date of each amendment(s) adoption: _ date this document was signed. | , if ot | ther than the |
|--|--|---------------|
| Effective date if applicable: | | |
| incense date it apprease. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department of | not meet the applicable statutory filing requirements, this date will not be of State's records. | listed as the |
| Adoption of Amendment(s) | CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by th action was not required. | ne incorporators, or board of directors without shareholder action and shareho | lder |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | ne shareholders. The number of votes cast for the amendment(s) or approval. | |
| | the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the am | nendment(s) was/were sufficient for approval | |
| by | " | |
| (ve | oting group) | |
| Dated | | |
| Signature Aline | er like | |
| (By a/director, pre selected, by an inc | esident or other officer — if directors or officers have not been corporator — if in the hands of a receiver, trustee, or other court ary by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |