From: Arsalaen Khot

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

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> COR AMND/RESTATE/CORRECT OR O/D RESIGN SCUDERI CONTRACTING INC.

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPO	RATION: SCUDERI CONTR	ACTING INC		
DOCUMENT NUM	IBER: P24000052003			
	s of Amendment and fee are sul	omitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	Mike Town			
		Name of Contact Persor	1	
	LegalZoom.com, Inc.			
		Firm/ Company		
	9900 Spectrum Dr			Ś
		Address		T A ECC
	Austin, TX 78717			RET.
		City/ State and Zip Code	2	TAR.
	glenco2020@aol.com			CRETARY OF STAT FALLAHASSEE, FL
		ed for future annual report	notification)	m S
		·		72
For further informati	on concerning this matter, pleas	e cali:		Щ
Mike Town		800 at (773-0888 ext. 9724	
Name	of Contact Person	Area Co		,
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	artment of State;	
☐ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	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, FI, 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SCUDERI CONTRACTING INC			
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)		
P24000052003			
(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis <i>Florida Profit Corporation</i> adopts the fo	ollowing amendmer	nt(s) to
A. If amending name, enter the new name of the corporation:			
Scuderi Contracting Corp.		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 professional corporation name must	reviation "Corp.,"	
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)		SECRETA! TALLAH,	2024 MOV 1
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address Name of New Registered Agent		TARY OF STATE	2024 MOV 12 AM 2: 37
		,	
(Florida	street address)		
New Registered Office Address:	Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia Signature of New		sition.	
	. magainer ca rigina, y chunging		
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:

From Arsalaan Khot

(Attach additional sheets, if necessary)

Remove

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 us the PST and Mike Jones is listed us 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 De	<u>oe</u>		
\underline{X} Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
1) X Change	PTSI	2	SCUDERI, GLEN	105 BILBOA DR	
Add				JUPITER, FL 33458	
Remove					
2) Change	PTSI)	SCUDERI, ANABELA	105 BILBOA DR	
Add				JUPITER, FL 33458	
X Remove 3) Change		_			
Add) .
Remove				J. [7]	
4) Change		_		ALLAHASSEE.	10V /
Add				ASS.	2
Remove					至广
5) Change		_			D 2: 37
Add				• • •	-
Remove					
6) Change					
Add					

To:

Attach additional sheets, if necessary). (Be specific)	
	
	
(-T	
	S
	SECRETARY OF TALLAHASSEE
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	L A
(if not applicable, indicate N/A)	## ## .
	188 188 188
	E. FL
	37

The date of each amendment(s) adoption:	if other i	than the	
date this document was signed.			
Effective date if applicable:			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be liste	d as the	
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder		
II. The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval.			
The amendment(s) was were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for the amendment(s) was were sufficient for approval			
by " trating groups			
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Glen Seuderi	SECRETARY OF STA TALLAHASSEE, F	2024 NOV 12 AM 2:	
(Typed or printed name of person signing)	- CA	ဒ္ဓ	
President			
(Title of person signing)			