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TO: Amendment Section

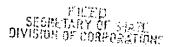
Division of Corporations

NAME OF CORPORATION: _Tobin Construction Group, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Victor M. Lopez Name of Contact Person Tobin Construction Group, Inc. Firm/Company 1101 Hillcrest Drive Address Hollywood, FL 33021 City/ State and Zip Code vlopez@tobinprop.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 643-720.

Area Code & Daytime Telephone Number Victor M. Lopez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Tobin Construction Group, Inc.

15 NOV 20 AM 10: 22

(Name of Corneration	as currently filed with the Florida Dept. of State)
P94000010999	as currency med with the Provide Dept. or State,
	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	natutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	orațion:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." "word "chartered," "professional association," or the abb	'corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	ice address:
Name of New Registered Agent	
	(Florida street address)
	·
New Registered Office Address:	(City) , Florida (Zip Code)
	. ,
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent—I a	ered Agent: on familiar with and accept the obligations of the position.
	, , , , , , , , , , , , , , , , , , , ,
	ire of New Registered Agent, if changing

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Vincent E. Damian	1101 Hillcrest Drive
Add			Hollywood, FL 33021
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

Attach uuambin	adding additional Art al sheets, if necessary).	(Be specific)			
					
					
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f an amendme provisions for	nt provides for an exc implementing the amo	hange, reclassifica	tion, or cancellat	ion of issued shar	es.
(if not app	icable, indicate N/A)	enaniem ii not <u>co</u> r	manica <u>in the anit</u>	chament tisen.	
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The date of each amendment(s) add	option:	\$1.60 feet with 1	, it other than the
date this document was signed.		DIVISION OF C	Y OF SHALL ORFORESTONE
Effective date if applicable:			
<u>,</u>	(no more than 90 days after amendment file date)	15 NOV 20	AM 10: 22
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements. artment of State's records.	, this date will n	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amer	ndment(s)	
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment		
"The number of votes cast for	or the amendment(s) was/were sufficient for approval		
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
by	(voting group)		
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder action a	areholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	older	
11/11/2015 Dated			
Duted			
Signature	y lon		
(By a di	rector, president or other officer – if directors or officers have n	ot been	-
selected	, by an incorporator - if in the hands of a receiver, trustee, or ot	her court	
appointe	ed fiduciary by that fiduciary)		
	Victor M. Lopez		
`	(Typed or printed name of person signing)		
	CFO		
-	(Title of person signing)	<u> </u>	