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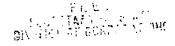
TO: Amendment Section

Division of Corporations

	PESTA	PATIONS	R∨	MARCE	1410	
NAME OF CORPORATION: RESTORATIONS BY MARCO INC.						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corresp	ondence concerning this ma	tter to the following:				
	MARCO HARTNER					
_		Name of Contact				
		F:/0	·			
	DA	Firm/ Compa	-			
_	Γ, Ο.	BOX 511 6 Address	74			
_	PUNTA 6	OKUA, FO	<u> کی ۔</u>	731		
		City/ State and Zi	p Code			
	MIDYEAR FACE	TORY @ H	oTM A	1L.COM		
	E-mail address: (to be us	sed for future annual	report noti	fication)		
For further information	concerning this matter, pleas	se call:				
MARCO HARTNER at 941 204 0400 Name of Contact Person Area Code & Daytime Telephone Nur					0	
Name of	Contact Person	Aı	rea Code &	Daytime Telephor	ie Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	is	\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)	s	
Mailing Address Street Address						
	dment Section on of Corporations		Amendmer	t Section Corporations		
	Box 6327		Division of Clifton Bui	•		
Tallahassec, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**



RESTORATIONS BY MARCO INC. 15.

(Name of Corporation as currently filed with the Florida Dept. of State)

15 JUN - 1 PM 1:09

P950000 11285

(Document Number of Corporation (if known)

nt(s) to

A. If amending name, enter the new name of the corpora		INC.	The i
mame must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A proj	y," or "incorpor fessional corporat	rated" or the abbrevia tion name must contain
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u>	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/	4
new registered agent and/or the new registered office	address:	la, enter the nam	e of the
	address:	a, enter the nam	e of the
Name of New Registered Agent	address:	a, enter the nam	e of the
new registered agent and/or the new registered office Name of New Registered Agent	Florida street address)	1	
Name of New Registered Agent [F	address:	1	
Name of New Registered Agent [F	Florida street address) (City)	1	Florida(Zip Code)
new registered agent and/or the new registered office Name of New Registered Agent (F New Registered Office Address: New Registered Agent's Signature, if changing Registered	Florida street address) (City)	1	Florida(Zip Code)

It 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>	Name A (1 A	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		<i>N/A</i>	
Add			
Remove		N/ 10	
3) Change		N/A	****
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		NJA	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A	classification, or cancellation of issued shares, f not contained in the amendment itself:	mending or adding additions ach additional sheets, if necess	sary). (Be specific)			
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	classification, or cancellation of issued shares, f not contained in the amendment itself:		NIA			
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The date of each amendment(s) adoption:	May	7.5th	2015	, if other than the
date this document was signed.	- 1 - 54 /	20111	20.0	, ii other than the
and the document was signed.				and the
Effective date if applicable:				OIVELVE FOR THE
(no more than 90 c	lays after amendn	ient file date)	15 JUN - 1 PM 1: 09
Note: If the date inserted in this block does not document's effective date on the Department of Sta		le statutory filing	requirements,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Adoption of Amendment(s) (CHEC	CK ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		umber of votes ca	st for the amen	dment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr				
"The number of votes cast for the amendr	nent(s) was/were s	sufficient for appre	oval	
by(voting			,,,	
(voting	g group)			
☐ The amendment(s) was/were adopted by the boa action was not required. ☐ The amendment(s) was/were adopted by the incaction was not required.	corporators withou	it shareholder acti		
Dated	2015_			
Dated 5-25- Signature (By a director, preside	1. Klin			
selected, by an incorp appointed fiduciary by		ands of a receiver	, trustee, or oth	ner court
MA	RCO 1.	<i>HARTNE</i>	R	
(Ту	ped or printed na	me of person signi	ng)	
/	NCORPO	RATOR		
	(Title of	person signing)		