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COVER LETTER

TO: Amendment Section Division of Corpo			·	
NAME OF CORPOR	RATION: Suther BER: P970	lend General	este Service Inc	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	spondence concerning this matt	er to the following:		
	1825 9. 1 LAKE HEL	Name of Contact Person AND ONCE Firm/ Company KICKLIGHTEN Address City/ State and Zip Code CSI Ja Content Content	- 7 4 4	
For further information	n concerning this matter, please	e call:		
			3/4-3093 de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	ayable to the Florida Depa	irtment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		<u>Address</u>	
Amendment Section			ment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314			executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

At ticles of the	•
Suther land Concre	te Service, Inc.
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P9700003	37876
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "c word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Lake Helen, F/ 32744
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1825 & KICKLIGHTER LAKE HELEN, PL. 32744
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent _ Servi) Wherland
1825 E Kic (Florida stre	ILLIGHTER ROAD
New Registered Office Address: LAICE Hec	PN, Florida 32747 (City) (Zip Code)
	(mg comp
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Jany W. So	Huran 55
Signature of New R	egistered Agent, if changing
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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	PT John Doe		
X Remove	V Mike Jones	3	
<u>X</u> Add	SV Sally Smith	1	
Type of Action (Check One)	Title N	lawicia Wherland	Address 4280 Belford Rd
1) Change	PST -	1911 Ica Server	Sanford, Fl 32773
Remove 2) X Change Add	Pres.	serry Solherland	1825 & Kicklighten Re LAKe Helen, FL. 32744
Remove 3) Change	SI E	Bradley A. Sutherin	0 1825 & Kicklighton R. CAlle Helen, Fl. 32744
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

<mark>If amending or adding additio</mark> Attach <i>additional sheets, if nece</i>	nal Articles, enter c ssary). (Be specifi	hange(s) here:			
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f an amendment provides for provisions for implementing !	an exchange, reclass he amendment if no	ssification, or can ot contained in th	icellation of issue ne amendment its	<u>d snares,</u> elf:	
(if not applicable, indicate	N/A) .				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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.	Il not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated JUNE 1, 2015	
Signature # 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)	
appointed inductary by man riddentary)	
PATRICIA SUTHERLAND	
(Typed or printed name of person signing)	
2 1	
resident	
(Title of person signing)	