

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: TM	B.11 . T.
NAME OF CORPORATION: /V\ [7]	Uniders, +NC
DOCUMENT NUMBER: YCTT	00077804
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ecix	R. Nolson
TMR	Name of Confact Person
950	Firm/ Company
	Address
Poct ()	naveral F1 32920
	City/ State and Zip Code
Pcm do	Eand sequell@ gmail.com
મ-mail address: (to b	used for future annual report nonfication
For further information concerning this matter, p	ease call:
rot tatuler information concerning this matter, p	
Erik Adson	a(321) 794.5788 X I
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate of Status
	(Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation
JUR Builders, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
19700007780C
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREEDADDRESS) Ord Canaveral Fl 32920
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Frik R. Nelson
950 Mullet Road
New Registered Office Address: Quality (Florida street address) New Registered Office Address: Quality (Florida street address) New Registered Office Address: Quality (Florida street address)
New Registered Office Address: O Vit Ava Ve Ca . Florida . Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Digitalist by New Registered Agent, if changing

Executive Officer; CFO held. President, Treasure Changes should be noted	rector tit Presiden = Chief r, Direct I in the fo wes the c	le by the first le t; T= Treasure Financial Offic or would be Pl ollowing manne corporation, Sa	r, S= Secretary; E er, If an officer/di D. Currently John lly Smith is named	D= Director; TR= 7 irector holds more Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	<i>un zu</i> u.		
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nan</u>			Address
1) Change ST			ix R.	Nekon	950 Mulled Koad
Add Remove					32920
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change				···	
Add					
Remove					
6) Change					
Add					
Remove					

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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:

E. If amending or adding additional Articles, e	nter change(s) here:
(Attach additional sheets, if necessary). (Be.	specific)
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendment (if not applicable, indicate N/A)	t ii not contained in the amendment itseit:
.,	
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	<u> </u>
	
	[]

The date of each amendment(s) adoption:	11/13/17	, if other than the
date this document was signed.	1,-1-	
Effective date if applicable:	(1/7/17) (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of	neet the applicable statutory filing requirements, this date will state's records.	I not be listed as the
Adoption of Amendment(s) (CIII	ECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	hareholders. The number of votes east for the amendment(s) proval.	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
li di	iment(s) was/were sufficient for approval	
by	ng group)	
(voti	ing group)	
☐ The amendment(s) was/were adopted by the baction was not required.	ourd of directors without shareholder action and shareholder	
action was not required.	corporators without shareholder action and shareholder	
Dated//	<u> </u>	
Signature Milul &	Chip PRESIDENT	
(By a director, presic selected, by an incor	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary	by that fiduciary)	
MICH	MEL DICHRISTOPHER Typed or printed name of person signing)	
(1	Typed or printed name of person signing)	
	PRESIDEN T	
	PRESIDEN T (Title of person signing)	