

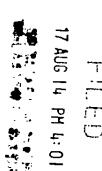
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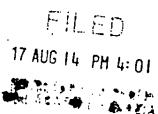
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NATIONS CONS	TRUCTION INC				
DOCUMENT NUMB	P99000004178	·				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	CHRISTINA NAULT					
-		Name of Contact Perso	n			
	NATIONS CONSTRUCTION INC					
-		Firm/ Company				
	470 ANSIN BLVD #AA					
•		Address				
	HALLANDALE FL 33009					
•	 ·	City/ State and Zip Cod	e			
NATI	ONSCONSTRUCTION@Y	AHOO.COM				
-	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
CHRISTINA NAULT		954 at (4705575			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)			
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NATIONS CONSTRUCTION INC.

(<u>Name</u>	of Corporation as currer	ntly filed with the Florida Dept. of State)
P99000004178		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
D. Enter now principal office address.	if annicable.	N/A
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl	icable:	NU
(Mailing address MAY BE A POST		N/A
		
 If amending the registered agent an new registered agent and/or the new 		dress in Florida, enter the name of the
	CHRISTINA NAULT	<u> </u>
Name of New Registered Agent		
	470 ANSIN BLVD UNI	
	HALLANDALE	street address)
New Registered Office Address:	HALLANDALE	Florida 33009
		(City) (Lip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	nt:
		with and accept the obligations of the position.
	Christina	Nault
 -	Signature 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.

X Change	<u>PT</u> <u>John</u>	n Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	SV Sall	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	CHRISTINA NAULT	470 ANSIN BLVD UNIT #AA		
X Add			HALLANDALE FL, 33009		
Remove					
2) Change					
Add			 		
Remove					
3) Change					
Add					
Remove					
4) Change			 		
Add					
Remove					
5) Change					
Add					
Remove			_		
6) Change					
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
···	
	
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F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
·	
	-
•	

N/A	
The date of each amendment(s) adoption: if other date this document was signed.	inan the
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 not be listed document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	
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" (voting group)	
(voting group)	
☐ 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.	
08/10/2017	
Gleval Fadlon 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)	
YOUAL FADLON.	
(Typed or printed name of person signing)	
PD	
(Title of person signing)	