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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Poly Asphalt, Inc.		
DOCUMENT NUMB	844450		<u> </u>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	E Holt Jones		
-		Name of Contact Person	1
	Poly Asphalt, Inc.		
-	.	Firm/ Company	
	5317 Velda Dairy Rd	, .	
		Address	
	Tallahassee, FL 32309		
•		City/ State and Zip Cod	e
nolya	sphalt@comcast.net		
porya		sed for future annual report	notification)
	,,	•	
For further information	concerning this matter, pleas	se call:	
E Holt Jones		850 at (508-1819
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 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 Divi P.O.	ling Address Indiment Section Is a sion of Corporations Box 6327 Is a shassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Poly Asphalt, Inc.			
(Name o	f Corporation as currently file	ed with the Florida Dept, of State)	
S44420			
	(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the fo	llowing amendme
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	. A professional corporation name	the abbreviation must contain the
B. Enter new principal office address,	if applicable:		20
(Deinging) office address MUST REA STREET ADDRESS)		9 8 7	
	-		` اد ∵
			$\frac{\omega}{2}$
C. Enter new mailing address, if appli		i t	· P
(Mailing address <u>MAY BE A POST</u>)	<u>OFFICE BON</u>)		(3)
	_	<u>.</u>	- 0
	_		
D. If amending the registered agent an new registered agent and/or the new		in Fiorida, enter the name of the	
	Terry A. Jones		
<u>Name of New Registered Agent</u>	5317 Velda Dairy Rd		
	(Florida street a	ddress1	
	Tallahassee	·	2309
New Registered Office Address:	(Cin	, rionda	(Zip Code)
		,	,
New Registered Agent's Signature, if c	hanging Registered Agent:	and amount the abligations of the nor	stations.
I hereby accept the appointment as regist	erea ageni 1 am jaminar wun	ана ассерство отданить од те рох	anon.
	Very h	nered Agent, if changing	
	Signature of New Regis	tered Agent, if changing	}

P - President; V - V Executive Officer; Cl held, President, Frea Changes should be no a change, Mike Jones	r director titlice President FO Chief is Surer, Directoted in the forter the control of the cont	le by the first letter of the office title; t, T = Freasurer; S = Secretary; D = Director; Ff Financial Officer, -If an officer director holds m	ore than one title. Iist the first letter of eac the PST and Mike Jones is listed as the U
\underline{X} Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	<u>s</u>	Mason Glass	3426 Lakeshore Dr
X Add			Tallahassee, FL 32312
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		D 2.64	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan

address of each Officer and/or Director being added:

Attach <i>additi</i>	or adding additional Articles, enter change(s) here: ional sheets, if necessarys.—tBe specifics	
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 If an amendi provisions f 	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if not a	pplicable, indicate NA)	
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The date of each amendment(s) adoption:	, if other
date this document was signed.	
September 1, 2019 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 vidocument's effective date on the Department of State's records.	vill not be liste
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
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.	
September 26, 2019 Dated	
Signature EHolt Cours	
(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)	
E Holt Jones	
(Typed or printed name of person signing)	
President	
(Title of person signing)	