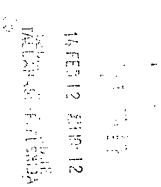
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COVER LETTER

	egistration Sect ivision of Corpo			
SUBJECT	Secon	d Street Cons	struction, LLC	
SUBJECT		Name of Limited Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspond	dence concerning this matter	to the following:	
		Layne Meye	r	
			Name of Person	
		Second Stre	et Constructi	on, LLC
			Firm/Company	
		2300 NE 9th	Street, Suite	: 3
			Address	
		Fort Lauderd	dale, FL 3330	04-3579
			City/State and Zip Code	
		layne.meyer01@		-4464
		E-mail address: (t	o be used for future annual repo	on notification)
For further	information con	cerning this matter, please ca	ill:	
Layne Meyer			at (954) 609	9-7777
	Name of F	Person	Area Code I	Daytime Telephone Number
Enclosed i	s a check for the	following amount:		
9 \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Second Street Construction, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on our records.</mark>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000027292	were filed on 02/27/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
IDP Construction, LLC		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2300 NE 9th Street, Suit	e 3
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 333	04-3579
		1 2 2 2
		∑: Fi
Enter new mailing address, if applicable:		TO TO THE STATE OF
(Mailing address MAY BE A POST OFFICE BOX)		
Transiting asserts 5 Mill DD 111 COT OT 12 CD DOTS		
		2+3+2
B. If amending the registered agent and/or registered of	ffice address on our records.	enter the name of the ne
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action Address Title** Name 2300 NE 9th Street, Suite 3 D Add **MGRM** Second Street Capital, Inc. Fort Lauderdale, FL 33304-3579 Remove 2300 NE 9th Street, Suite 3 ■ Add Layne Meyer **MGRM** Fort Lauderdale, FL 33304-3579 Remove □ Add □ Remove □Àdd □ Remove □ Add ☐ Remove □ Add ☐ Remove

If amending any other information, enter change	(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of rethe date this document is filed by the Florida Department of Sta	(optional) ceipt or filed date and cannot be more than 90 days after ate)
	014
Dated ,	·
Signature of a membe	r or authorized representative of a member
Layne Meyer	
Typed	or printed name of signee

Page 3 of 3

Filing Fee: \$25.00