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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IVEHE YOU Name of Contact Person EPS Contractors
Firm/Company 12640 NW. South River Dr. Bay3 Medkey, FL 33178

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IVEHE Par at (305) 342-24/3
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ■ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	Articles of Amendment		
	to		a. 191
	Articles of Incorporation	<	MOCT STONE
	of	A SO	
T. Tall		10	
<u></u>	rur, Inc.		11/10.
(Name of Corporation as curre	<u>ently filed with the Florida Dep</u>	ot. of State)	" (A) (A) (A)
Plom	0		E Comment
(Document Num	nber of Corporation (if known)		To A
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts	the following
A. If amending name, enter the new name of	f the corporation:		
EPS Contro	ictors. In	<u> </u>	The new
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u> C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OF FI</u>	<u></u>		
 If amending the registered agent and/or r new registered agent and/or the new registered. 		rida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street addres	ss)	
		, Florida (Zip Code)	<u></u>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the second state of the second se		ccept the obligations of the p	osition.
<u></u>	Signature of New Registered Age	nt, 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) **Type of Action Title** Address **Name** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter 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 contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s)	adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
. by	voting group)
(1	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	10/10
Signature	a according to
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Ivette Pou
	(Typed or printed name of person signing)
	President
	(Title of person signing)