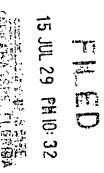
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: CONSTRUCCIO	ONES LOSE CORP		
DOCUMENT NUMBER: P15000052392			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
LUIS R. SMITH			
***************************************	Name of Contact Person		
JESSEL INVESTMENTS			
	Firm/ Company		
11402 NW 41ST STREET	SUITE 211		
	Address		
DORAL, FL 33178			
	City/ State and Zip Code		
LM.JESSEL@GMAIL.COM			
E-mail address: (to be	used for future annual report notification)		
For further information concerning this matter, ple	ease call:		
LUIS R. SMITH	at (305		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	le payable to the Florida Department of State:		
\$35 Filing Fee \$Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Articles of Amendment Articles of Incorporation of

CONSTRUCCIO LOSE CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000052392				To	ġ.
(Doc	cument Number of	Corporation (if known)	•	温	32
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this F	lorida Profit Corporation	adopts the folio	owing an	nendme
A. If amending name, enter the new name of the	corporation:				
					e nev
name must be distinguishable and contain the ward corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "C	lo". A professional corpo	porated" or the ration name m	ie abbre iust cont	viation ain the
B. Enter new principal office address, if applica					
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)				
(-			
D. If amending the registered agent and/or regis	stered office addre	ess in Florida, enter the na	ame of the		
new registered agent and/or the new register	red office address:				
Name of New Registered Agent					
	(Florida stre	et address)			
New Registered Office Address:		City)	, Florida	(Zip Code	
	ſ	City)	•	Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registered agen	nt. I am familiar w	ith and accept the obligation	ons of the posit	ion.	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	CESAR JOSE LOBO LA CRUZ	11402 NW 41ST STREET
$\frac{X}{X}$ Add			SUITE 211-545
Remove			DORAL, FL 33178
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			, <u></u>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u> </u>

lf an amandurant musikhas for an arab	hanne realessification or cancellation of issued shapes
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) as date this document was signed.	doption:	, if other than the
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this datapartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders The number of votes cast for the amendment(ifficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	eni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	CI
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
07/24/201	5	
Dated	Q \$ 2 O	
Signature		·
şelecte	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 counted fiduciary by that fiduciary)	
	Cesar Jose Lobo Lacruz	
	(Typed or printed name of person signing)	
	(Title of person signing)	