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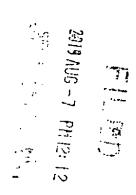
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations					
SHRT		STRUCTION GROUP, LLC					
Name of Limited Liability Company							
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		JACK OSPINA					
		VIP CONSTRUCTION GRO	Name of Person OUP, LLC				
		6890 SW 19 ST	Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		MIAMI, FL 33155	Address				
		JREALTYINC@AOL.COM	City/State and Zip Code				
		E-mail address: (t	to be used for future annual report notifi	cation)			
For tu	rther information o	oncerning this matter, please ca	all:				
JACK	OSPINA		305 815-8384 at () Area Code Daytime				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

VIP CONSTRUCTION GROUP, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 01/05/2015	and assigned
Florida document number L15000000948	 ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
		77 C 49
Enter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		
	***************************************	7
		; ,
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	··ss
	City F	lorida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JACK OSPINA	6890 SW 19 ST, MIAMI, FL 33155	
			Add
			■ Remove
			Change
		-	□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
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	7/31/			
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the	applicable statutory ((option or more than 90 days after fi iling requirements, this o	nal) ling.) Pursuant to 605.0207 (3 date will not be listed as th
If the record specifies a delay (b) The 90th day after the re		ut not an effectiv	e time, at 12:01 a.	m. on the earlier of:
JULY 31 Dated	2019			
<u> </u>	<u> </u>			
	Signature of a member of	or authorized represents	tive of a member	
	_			
RICHARD OSPINA				