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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 Phone Fax Number : (561)842-4104

Enter the email address for this business entity to be used for future_ annual report mailings. Enter only one email address please.

Email Address: 21NGGH @ aol. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN INTER RELATED CONSTRUCTION SERVICES CORP

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OCT 22 2019

S. YOUNG

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | ION: INTER RELATED | CONSTRUCTION SERV | ICES CORP |
|-----------------------------|---|--|--|
| DOCUMENT NUMBER | : <u>P03000115490</u> | | |
| The enclosed Articles of A | mendment and fee are su | bmitted for filing. | |
| Please return all correspon | dence concerning this mai | tter to the following: | |
| Dav | rid B. Norris, Esq. | | |
| | | Name of Contact Person | n |
| Coh | en Norris Wolmer Ray T | elepman Berkowitz Cohen | |
| | - | Firm/ Company | |
| 712 | U.S. Highway One, Suite | 400 | |
| ****** | | Address | |
| Nor | th Palm Beach, FL 33408 | | |
| | | City/ State and Zip Cod | 0 |
| zinggh@a | ol.com | | |
| | | ed for future annual report | notification) |
| | | • | · |
| For further information cor | ncerning this matter, pleas | e cali: | |
| David B. Norris | | at (| 844-3600 |
| Name of Co | ontact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the | following amount made p | payable to the Florida Depa | rtment of State: |
| S35 Filing Fee | S43.75 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) |
| Division P.O. Box | ent Section of Corporations | Amend Divisio Clifton 2661 E | Address ment Section in of Corporations Building xecutive Center Circle ssec, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| INTER RELATED CONSTRUCTION SERVICES COR | LP . | | |
|---|--|------------------------------|----------------------------|
| (Name of Corporation | as currently filed with the Flor | rida Dept. of State) | |
| P03000115490 | | | |
| (Documen | t Number of Corporation (if kno | wn) | |
| Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation: | tatutes, this Florida Profit Corpo | oration adopts the following | z amendment(s) to |
| A. If amending name, enter the new name of the corp. | oration: | | |
| | | | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association." or the ab- | "Inc," or "Co". A professiona | | hbreviation contain the |
| B. Enter new principal office address, if applicable: | | | <u>7-</u> ∴ 6 |
| (Principal office address MUST BE A STREET ADDRI | ESS) | | 81.2 |
| C. Enter new mailing address, if applicable: | | | |
| (Muiling address MAY BE A POST OFFICE BOX) | | | - (Re) 23 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | office address in Florida, ente fice address: | r the name of the | |
| Name of New Registered Agent | | | |
| | | | _ |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| | (City) | (Zip C | lode) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a | | obligations of the position. | |
| Signatu | ire of New Registered Agent, if c | hanging | |

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 PSI 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.

| X Change | PT John | 1 Doe | |
|------------------------------------|---------------------|----------------|---------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| <u>X</u> Add | <u>SV</u> Sailt | <u>y Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1)Change | P | Hermann Zingg | IIII: Biscayne Blvd |
| X Add | | | Suite 725 |
| Ramove | | | Miami, FL 3318! |
| 2) Change | | | |
| Add | | | ··· · |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| \\\ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | • | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | , . |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| lf an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate N/A) | |
| (g not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |

| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|---|--|--------------------------|
| ū | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date we Department of State's records. | ill nor be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| The amendment(s) was/were a must he separately provided for | pproved by the shareholders through voting groups. The following statement or each voting group antified to vote separately on the omendment(s): | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | <u></u> | |
| | (voting group) | |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder | |
| action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| Signature | MW. | |
| selec | director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other count need fiductary by that fiductary) | |
| | Hermann Zingg | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |