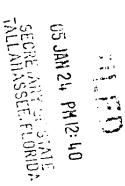
85000006935

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900045188269



1176年 (15--619646--11) *45年 65

AMEND PROPERTY

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: INDIO'S CONS	STRUCTION, INC.	
DOCUMENT N	UMBER: P05000006935		
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
CAI	BRALES, LENCHO		
		of Contact Person)	
IND	IO'S CONSTRUCTION, INC.		
~	(Fi	rm/ Company)	
P.O.	BOX 475		
		(Address)	
occ	DEE FL 34761 US		
	(City/ St	tate/ and Zip Code)	
For further inform	ation concerning this matter,	please call:	
CABRALES, LENC	но	at (321) 436-0369)
(Nam	e of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount:		
2 \$35 Filing Fee	☐ \$43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Secti Division of Corpo	rations

Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

SECRETARY OF SURVEY

INDIO'S CONSTRUCTION, INC.

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

P05000006935

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE V - THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:
LENCHO CABRALES * 200 LEE STREET * OCOEE, FLORIDA 34761
ARTICLE VI - THE NAME AND ADDRESS OF THE INCORPORATOR IS:
LENCHO CABRALES * 200 LEE STREET * OCOEE, FLORIDA 34761
ARTICLE VII - THE INITIAL OFFICER(S) AND/OR DIRECTORS(S) OF THE CORPORATION IS/ARE:
TITLE: DPVPTS
LENCHO CABRALES * 200 LEE STREET * OCOEE, FLORIDA 34761
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/

(continued)

The date of	each amendment(s) adoption: 01/19/2005
Effective d	ate if applicable: 01/19/2005
	(no more than 90 days after amendment file date)
Adoption o	f Amendment(s) (CHECK ONE)
	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
j	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote eparately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and hareholder action was not required.
Signed this	19 day of JANUARY , 2004 .
	Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	CABRALES, LENCHO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

FILING FEE: \$35