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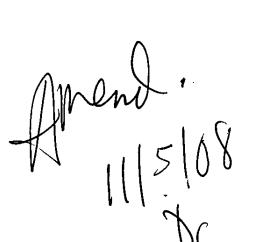
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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Taliahassee, FL 32314

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & **■\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

Taliahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to Articles of Incorporation

Decade (ons	Truction	Carp.		
(Name of Corporation as cu	rrently filed with t	he Florida Dent. of Stat	t <u>e</u>)	
PD6 0000 55	5241			
(Document N	umber of Corporati	on (if known)		
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc.		es, this <i>Florida Profit</i> (Corporation adopts	s the
A. If amending name, enter the new name	of the corporation	<u>ı:</u>		
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation na association," or the abbreviation "P.A." B. Enter new principal office address, if a (Principal office address MUST BE A STRE	," "Inc.," or Co., ime must contain pplicable: EET ADDRESS)	" or the designation "(Corp," "Inc," or	and be a second of the second
D. If amending the registered agent and/or new registered agent and/or the new registered agent.			r the name of the	
Name of New Registered Agent:		·· ·	-	
New Registered Office Address:	(Floria	la street address)		
		(C:)	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as register position.			the obligations of	^r the
	Signature of New I	Registered Agent, if chan	ging	

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)

Title VP	Name Katia Hernande	Address - 2800 SW 155th 2 Davie, F-C 33331.	Add Remove
			_ Add _ Remove
		•	Add Remove
E. If amendia (attach add	ng or adding additional Articles, enter itional sheets, if necessary). (Be speci	change(s) here:	
provision	ndment provides for an exchange, rec s for implementing the amendment if applicable, indicate N/A)		

The date of each amendment	(s) adoption:
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wes by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Tosa Izada (Typed or printed name of person signing)
	(Title of person signing)