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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: 10p STyle Construction Inc DOCUMENT NUMBER: PLODOGGO 7562				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Venison Leandro Silva Name of Contact Person Top Style Construction Inc Firm/ Company 403 Branch Wood Ln, Jacksonville Address Jackson ville IFL 32256 City/ State and Zip Code Ues laine venison @ hotmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Venilson Silva at (321) C17 49 64 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

10P Style Construction	Inc	
Name of Corporation as currently filed with the Florid		
(Document Number of Corporation (if known Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i>	•	mendment(s) to
its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
	7	he new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abb . A professional corporation name must co	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
_		
-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
-	2	77
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the	1 17
new registered agent and/or the new registered office address:		i U
Name of New Registered Agent		φ -
(Florida street a	· · · · · · · · · · · · · · · · · · ·	n
New Registered Office Address:	. Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accent the obligations of the position	
- 12. 207 12. Spring appointment of regimered agent. I disjustitut mitt	and accept the congunous of the position.	
Signature of New Registered Agen	ut 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V.P		He lives
Add		dasiLva	in Brazil
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			PER SECURITY CONTRACTOR CONTRACTO
5) Change			
Add Remove			
remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	hanna la1641
<u>an amenument provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	onament it not contained in the amenament itseit:
rovisions for implementing the ame	endment if not contained in the amendment itself:
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rovisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: AUGUS 1, 12, 2014 date this document was signed.	, if other than the
Effective date if applicable: 08 12 14 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
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 separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 shareholder action was not required.	
Dated 08 12 14	
Signature Wembon Condro re	
(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)	
Venilson Lean dro Silva (Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	