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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

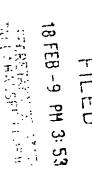
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	1A ALL CONS	TRUCTION CORP			
DOCUMENT NUMBER:	P120000372	81	,		
The enclosed Articles of Amendo	nent and fee are so	ibmitted for filing.			
Please return all correspondence	concerning this ma	atter to the following:			
(GUILLERMO NAVA	A PINEDA			
		Name of Contact Person	n		
	1A ALL CON	ISTRUCTION CORP Firm/ Company			
	4533 LAMON S	, ,			
		Address			
JACKSONVILLE FL 32207					
		City/ State and Zip Cod	e		
For further information concerning		sed for future annual report se call:			
GUILLERMO NAVA PINED		at (<u>904</u>	328-4338 		
Name of Contact Enclosed is a check for the follow			de & Daytime Telephone Number		
isherosed is a check for the forlow	ing amount made	payable to the Florida Depa	intinent of state.		
	.75 Filing Fee & tificate of Status	□S43.75 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 Tallahassee, F1, 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

1A ALL CONSTRUCTION CORP

(Name of Corporation :	as currently filed with the Florida Dept. of State)
P12000037281	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	oration:
1A ALL CARPET CORP.	* The new
	corporation," "company," or "incorporated" or the abbreviation 'Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>388</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EB -9 PM 3: 53
D. If amending the registered agent and/or registered onew registered agent and/or the new registered officers.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obligations of the position.
	e of New Registered Agent, 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> C	hange	<u>PT</u>	John Doe	
<u>X</u> R	emove	<u>V</u>	Mike Jones	
<u>X</u> A	Add	<u>SV</u>	Sally Smith	
<u>Type</u> (Chec	<u>of Action</u> ck One)	Title	<u>Name</u>	Address
n _	Change			
	Adđ			
_	Remove			
2) _	Change			
	Add			
	Remove			
3)_	Change		<u>.</u>	
_	Add			
	Remove			
4)	Change			
	Add			
	Remove			
51 <u> </u>	Change			
	Add			
	Remove			
()	Change			
	Change Add		-	
-	Add Remove			
	NUMOVE			

If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)						
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(if not applicable, indicate N/A)	lassificatio f not contai	on, or car	<u>ncellation</u> he amend	<u>of issued</u> Iment itsel	<u>shares,</u> lf:	
лу жа арункаас, такие 1921 г	,				_	
					_	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
Troining groups	
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.	
Dated02/06/2018	
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)	_
GUILLERMO NAVA PINEDA	
(Typed or printed name of person signing)	
P	
(Title of person signing)	