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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: INTERIOR GROU	JP SOLUTIONS INC						
	BER: P13000074667							
	of Amendment and fee are su	ibmitted for filing.						
Please return all corre	spondence concerning this ma	itter to the following:						
	LEON, LUIS A							
		Name of Contact Perso	11					
	INTERIOR GROUP SOLUT	TIONS INC						
		Firm/ Company						
	7657 NW 182ND TERRACI	• •						
		Address						
	Hialeah, FL 33015							
		City/ State and Zip Cod	e					
info(@lablindsmiami.com							
	-	sed for future annual report	notification)					
		·	,					
For further informatio	n concerning this matter, pleas	se call:						
Luis A Leon		305 at (763-9928 de & Daytime Telephone Number					
Name	of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:					
■ \$35 Filling 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)					
	iling Address	Street	Address					
	endment Section	Amendment Section						
	ision of Corporations . Box 6327	Division of Corporations Clifton Building						
	ahassee, FL 32314	2661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name)	of Corporation as curren	tly filed with the Florida Dept. of St	ate)
P13000074667			
	(Document Number	of Corporation (if known)	-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, thi	s Florida Profit Corporation adopts t	ne following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		73
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation n	The new or the abbreviation ame must contain the
B. Enter new principal office address,	if applicable:	7657 NW 182ND TERRACE	- 6 · 6
(Principal office address MUST BE A S		HIALEAH, FL 33015	5. 图 型
			30
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7657 NW 182ND TERRACE	シェク
		HIALEAH, FL 33015	<u></u> 53
D. If amending the registered agent an new registered agent and/or the new			<u>1e</u>
Name of New Registered Agent	LEON, LUIS A		
	7657 NW 182ND TERR	ACE	
	(Florida s	treet address)	
New Registered Office Address:	HIALEAH.	, Floric	33015 Ia
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Ager ered agent. I am familian	it: with and accept the obligations of the	position.

Signature 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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	þ	LEON, LUIS A	7657 NW 182ND TERRACE
Add			HIALEAH, FL 33015
Remove			
2) Change	P	ROQUE, ALEXY	2763 WEST 78TH STREET
Add			HIALEAH, FL 33016
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

<u>11 a</u> (Att	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
ı∕a	
-	
. <u>lf a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
ı/a	ty approximation from
_	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
4/1/2 Effective date <u>if applicable:</u>	018	
енестечане партечне.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	· ·	
-	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder	
action was not required.	ned by the incorporators without snareholder action and snareholder	
3/20/2018 Dated Signature	Signal Si	
(By a dir selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiduciary)	
	ROQUE, ALEXY	
-	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	