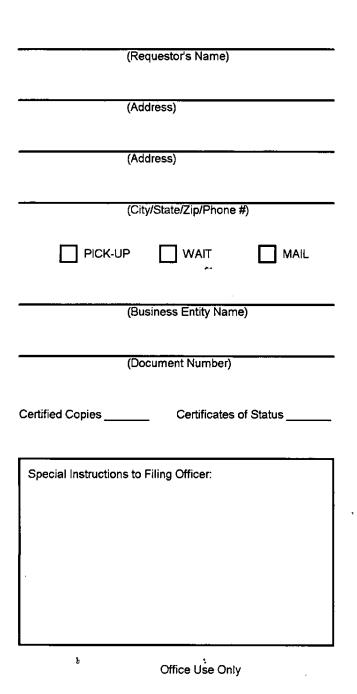
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SECRETARY OF STATE
AND ANASSEF, FLORIDA

APPROVED AND

SEP 15 2015 T. LEIMIEUX

COVER LETTER

ř.

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:NIA		N BUILDERS IN	1C
		000059625	
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
	AN [°]	TONIO BROWN	l
		Name of Contact Person	1
	N	IAN BUILDERS	INC
		Firm/ Company	
	205	55 TRADE CENT	ΓER WAY
		Address	
		NAPLES FL 341	09
		City/ State and Zip Code	e
	ODEAIR@	HOTMAIL.CON	Л
E-n		sed for future annual report	
For further information concern	ning this matter, pleas	se call:	
ANTONIO BROW	N	at (239	, 260-1523
Name of Contac	et Person		de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate 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 Add Amendment : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NIAN BUILDERS INC

1)	Name	of	Cor	poration	as cu	rrently	filed	with	the	Florida	Dept.	of State)

P14000059625	1		
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendmen	it(s) to
A. If amending name, enter the new name of the corporation: NIAN CUSTOM HOMES INC		The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name mus	abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	_	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
		_ _===================================	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:		14 SEP SECRET	* • • • • • • • • • • • • • • • • • • •
Name of New Registered Agent N/A		-8 PH	PAND AND AND AND
(Florida stree	•	2: 37 STATE FLORID	<u> </u>
New Registered Office Address: (City)	, Florida(Zip Code)	→	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.		1.	
Signature of New Registered A	gent, 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
2) Change		<u></u>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
I/A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
I/A	

The date of each and date this document w	\ / I	_, if other than the
Effective date if ap	olicable:	_
	(no more than 90 days after amendment file date)	
Adoption of Amend	ment(s) (CHECK ONE)	
	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.	
	s) was/were approved by the shareholders through voting groups. The following statement ly provided for each voting group entitled to vote separately on the amendment(s):	
	er of votes cast for the amendment(s) was/were sufficient for approval	
by	, n	
,	(voting group)	
action was not rec	s) was/were adopted by the incorporators without shareholder action and shareholder	
Di	9/54/2014	
Si	gnature 6AL/Q E. BRWN	
	(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)	
	GALYA E. BROWN	
	(Typed or printed name of person signing)	-
	PRESIDENT	_
	(Title of person signing)	