P1500011581

(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Da	ocument Number)
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: NTE	grity buildi	ecs of Alarda Corp
DOCUMENT NUMBER: P1500	00011581	<u> </u>
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Tarage P. O	Name of Contact Person Firm/ Company Address City/ State and Zip Code ed for future annual report	4207 1250 Coch
		en Hage State
For further information concerning this matter, pleas	e call:	
DavidSovert	at (Dec	(67-3213
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 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	Ameno Divisio	Address dment Section on of Corporations a Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Ωf

IMARGENTA Dildon . Il Corp	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P15000011581	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to .
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the about "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must convoid "chartered," "professional association," or the abbreviation "P.A."	breviation
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) C. Welling address MAY BE A POST OFFICE BOX	チランル
	3 0 0.
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
V D LOCO	·
New Registered Office Address:, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position:	16 31 -7
Signature of New Registered Agent, if changing	
	10:3°

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 <math>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 Job	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	DjagnTucker	7 5 5 7 3 4 4 3 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Add Remove			751, 1, 385,04
2) Change			
Remove			
3) Change Add	· · · · · · · · · · · · · · · · · · ·		
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change Add Remove			
5) Change			
Remove 6) Change			
Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	dat mete.			
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f an amendment provides for an exch	iange, reclassifica	tion, or cancell	ation of issue	d shares,	,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not cor	tained in the a	mendment its	elf:	
			<u> </u>	 -	
					
	 				<u></u>
					

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 7000 (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)	
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.	
Signature (By a director, president or other of the resident or officers have not been selected, by an incorporator if in the hands are received, trustee, or other court appointed fiduciary by that fiduciary)	
1395, D. 144	
(Typed or printed name of person signing)	
A- 22-9 Day	

(Title of person signing)