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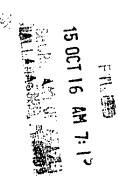
(Re	equestor's Name)	,
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	: MICHAEL IRON	WORK CORP		
DOCUMENT NUMBER: PI		-1	<u> </u>	
The enclosed Articles of Amen		bmitted for filing.		
Please return all correspondence	e concerning this mat	tter to the following:		
MIGUE	L OJEDA			
		Name of Contact Persor		
MICHA	EL IRON WORK CO	ORP		
		Firm/ Company	 	
1790 N	W 43 ST			
	Address			
MIAMI	MIAMI, FL 33142			
-		City/ State and Zip Code		
EDWIND87@	GMAIL.COM			
	nail address: (to be us	sed for future annual report	notification)	
For further information concer	ning this matter, pleas	e call:		
MIGUEL OJEDA		305	305 7425	
MIGUEL OJEDA at (305) 305 7425 Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made p	payable to the Florida Depa	rtment of State:	
	43.75 Filing Fee & certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fcc Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ade Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations	Amend Divisio Clifton	Address ment Section n of Corporations Building \ xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	1011	4 57 5	IDOXI	WORK	CODD
ΝЛ	и н	ДΗΙ	IRTIN	WISRK	1 (11/1)

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P15000027145		•
1.00	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
		N/A
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)		N/A
D. If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the ss:
LESTER DUARTE		
Name of New Registered Agent	1398 NW 79 ST LOT-11	15
	(Florida s	street address)
N D . JON ALL	MIAMI	33147
New Registered Office Address:		(City) , Florida
		30 € € € € € € € € € € € € € € € € € € €
New Registered Agent's Signature, if c		with and assent the obligations of the position.
nereoy accept the appointment as regist	ierea ageni. Tum jamiilai	with and accept the obligations of the position:
	\wedge	
	PILL	

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>	Address
1) Change	VP	LESTER DUARTE	1398 NW 79 ST LOT-115
X Add			MIAMI, FL 33147
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			and the second s
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change	-111		_
Add			
Remove			
6) Change			
6) Change	-		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:			
(Attach additional sheets, if necessary). (Be specific)			
AMENDING REGISTER AGENT IN ORDER TO OBTAIN A FLORIDA TAX ID NUMBER,			
IF YOU ARE REQUIRED FOR ME TO PROVIDE SOCIAL SECURITY PLEASE CONTACT ME AT			
······································			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
N/A			

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) a sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	rt.
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
DatedSignature (By selection)	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	MIGUEL OJEDA	
	(Typed or printed name of person signing)	AL 22 - AT
	PRESIDENT	
	(Title of person signing)	