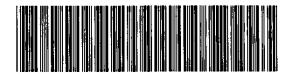


(Requestor's Name)				
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(Business Entity Name)				
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Infrastructure Buil	ding Co., Inc	,	
DOCUMENT NUMBER: P15000087927				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Carl Nurse			
		Name of Contact Person	1	
	CityWorks, Inc			
		Firm/ Company		
	203 56 NE 16th Pl	rinis/ Company		
		Address		
	Miami Florida 33179	Addicss		
	Wildin Florida 55179			
		City/ State and Zip Code	e	
solarg	yplc@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Carl Nurse		at (³⁰⁵		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment of State:	
\$35 Filing 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)	
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 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

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Infrastructure Building Co., Inc. (Name of Corporation as currently filed with the Florida Dep P15000087927 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CityWorks, Inc name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) New Registered Office Address: 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.

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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	Y	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_		-	
Add				,	
Remove					
2) Change		_		-	
Add					
Remove					
3) Change				-	
Add				,	
Remove				,	
4) Change					
Add					
Remove					
5) Change					
Add		-		-	
Remove				•	
Kemove				•	
6) Change		_		-	
Add					
Remove				·	

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	November 18, 2015	
interve date <u>ir apprecable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Nove Dated	mber 18, 2015	
Signature_	A	
(E se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	Carl Nurse	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	