P15000091020

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(Ad	ldress)	
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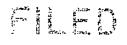
APR 08 2016 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ILP CONSTRUCT	TION CORP				
DOCUMENT NUMBER: P15000091020					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:				
PARAJON, HOMER J					
	Name of Contact Person				
Firm/ Company					
10072 TWIN LAKES DR					
	Address				
CORAL SPRINGS, FL 3307	71				
	City/ State and Zip Code				
HOMERP85@GMAIL.COM					
E-mail address: (to be u	sed for future annual report notification)				
For further information concerning this matter, plea	se call:				
PARAJON, HOMER J	at (954) 655-0503				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



ILP CONSTRUCTION CORP

16 APR -5 PM 3: 08

(Name of Corporation a	as currently filed with the Florida Dept. of State AHASSEK FLORID
P15000091020	TALEADAGGET COMB.
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	oration:
	The new corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. <u>If amending the registered agent and/or registered on the new registered agent and/or the new registered office</u>	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
Heli Hegistered Syree Ham osg.	(City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent:
Signatur	re 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 <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	<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	S	VINDER, CARLOS ALBERTO	2911 N PINE ISLAND RD
Add X Remove			SUNRISE, FL 33322
2) Change	<u>s</u>	CEDILLOS RAMIREZ, MAIRA L	10072 TWIN LAKES DR
X Add			CORAL SPRINGS, FL 33071
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

[amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)

•	
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•	03/29/2016	
The date of each amendment(s) ad date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date woartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
03/29/2010 Dated		
(By a di selected	rector president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	PARAJON, HOMER J	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	,. <u></u>