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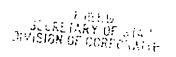
TO STATE OF CO



COVER LETTER

		COVER LETTER		PIN THE PROPERTY OF THE PARTY O
TO: Amendment Sect Division of Corp				THE CORPORATION OF THE PARTY OF
NAME OF CORPO	RATION: SUPREME INTE	RIOR CONSTRUCTION G	ROUP, INC.	=
DOCUMENT NUM	P16000056611			
The enclosed Articles	of Amendment and fee are su			_
Please return all corre	spondence concerning this ma	atter to the following:		
	Zarius Williamson			
		Name of Contact Person		
	SUPREME INTERIOR CO			
	——————————————————————————————————————			
	11820 MIRAMAR PARKW	Firm/ Company AY, #225		
		Address		
	MIRAMAR, FL 33025			
		City/ State and Zip Code		
SUPI	REMECEILING@COMCAS	r.net		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Zarius Williamson		954 at (892-4265	
Name	of Contact Person		le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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.	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building Accutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of



2010 AUG 13 AM 11: 45

SUPREME INTERIOR CONSTRUCTION GROUP, INC.

(Name of Corporation as curren	tly filed with the Florida Dept, of State)
P16000056611	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	11820 MIRAMAR PARKWAY, #225
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIRAMAR, FL 33025
	
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 ad- new registered agent and/or the new registered office address	
	7.1.
Name of New Registered Agent	
(Florida s	treet address)
Non Book town Chillian Children	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
Simultana at Nov	Rountanal Amout it 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)	Title	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)		
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provisions for implementing the ame	ange, reclassification, or ndment if not contained	cancellation of issued shares, in the amendment itself:	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or ndment if not contained	cancellation of issued shares, in the amendment itself:	
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an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or ndment if not contained	cancellation of issued shares, in the amendment itself:	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(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.	
08/06/2018 Dated	
TAILED	
Signature	
(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)	
Zani sa 1 lillia macan	
(Typed or printed name of person signing)	
Nice Ocesident	
(Title of person signing)	