10/28/2017

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : INREP, LLC Account Number : I20170000048 Phone : (754)333-1797

Fax Number

: (954)301-0210

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Email Address: INREP101@OUTLOOK.COM

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN INTERNATIONAL GLOBAL CONSTRUCTION INC

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## COVER LETTER

INTERNATIONAL GLOBAL CONSTRUCTION INC  P16000084755  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    MARTIN REYES	TO: Amendment Sec Division of Corp			
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    MARTIN REYES	NAME OF CORPO	RATION: INTERNATIONA	L GLOBAL CONSTRUC	TION INC
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  MARTIN REYES  Name of Contact Person  INREP, LLC  Firm/ Company  7871 NW 11TH ST  Address  PLANTATION, FL 33322  City/ State and Zip Code  INREP101@OUTLOOK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SEYAPA M PONCE CACERES  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:  S15 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations				
Name of Contact Person  INREP, LLC  Firm/ Company  7871 NW 11TH ST  Address  PLANTATION, FL 33322  City/ State and Zip Code  INREP101@OUTLOOK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SEYAPA M PONCE CACERES  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:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Mailling Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations			abmitted for filing.	
Name of Contact Person  INREP, LLC  Firm/ Company  7871 NW 11TH ST  Address  PLANTATION, FL 33322  City/ State and Zip Code  INREP101@OUTLOOK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SEYAPA M PONCE CACERES  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made puyable to the Florida Department of State:  S535 Filing Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional copy is enclosed)  Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations	Please return all corre	espondence concerning this ma	atter to the following:	
Firm/ Company  7871 NW 11TH ST  Address  PLANTATION, FL 33322  City/ State and Zip Code  INREP101@OUTLOOK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SUYAPA M PONCE CACERES  Name of Contact Person  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:  S35 Filing Fee  S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  Amendment Section Division of Corporations  Street Address  Amendment Section Division of Corporations		MARTIN REYES		
Firm/ Company  7871 NW HTH ST  Address  PLANTATION, FL 33322  City/ State and Zip Code  INREP101@OUTLOOK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SUYAPA M PONCE CACERES  Name of Contact Person  Finclosed is a check for the following amount made puyable to the Florida Department of State:  \$\Begin{array}{c} \text{S01}  343.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is cenclosed) (Additional Copy is enclosed)  Mailing Address  Amendment Section Division of Corporations  Street Address  Amendment Section Division of Corporations			Name of Contact Person	1
Address  PLANTATION, FL 33322  City/ State and Zip Code  INREP101@OUTLOOK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SUYAPA M PONCE CACERES  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made puyable to the Florida Department of State:  \$35 Filing Fee Certificate of Status  Certified Copy Certificate of Status  (Additional copy is certified Copy (Additional Copy is enclosed)  Mailing Address  Amendment Section  Division of Corporations  Street Address  Amendment Section  Division of Corporations		INREP, LLC		
City/ State and Zip Code			Firm/ Company	
City/ State and Zip Code  INREP101@OUTLOOK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SUYAPA M PONCE CACERES  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:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is carlibrate of Status (Additional Copy is enclosed)  Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations		7871 NW 11TH ST		
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Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee	SUYAPA M PONCI	E CACERES	at (	929-0991
\$35 Filing Fee	Name	of Contact Person	Area Co	de & Daytime Telephone Number
Certificate of Status  (Additional copy is Certified Copy enclosed)  (Additional copy is Certified Copy enclosed)  (Additional copy is certified Copy is enclosed)  (Additional Copy is enclosed)   Mailing Address  Amendment Section  Division of Corporations  Certified Copy Certificate of Status  (Additional copy is enclosed)  (Additional Copy is enclosed)	Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
Amendment Section Amendment Section Division of Corporations Division of Corporations	S35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Amendment Section Amendment Section Division of Corporations Division of Corporations	Ma	ailing Address	<u>Street</u>	Address
	An	nendment Section	Amendment Section	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

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## Articles of Amendment Articles of Incorporation of

		132
(Name of Corporation as curren	ntly filed with the Florida Dept, of State)	ني ا
16000084755		۲
(Document Number	of Corporation (if known)	1
resuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following ame	l endinent(
If amending name, enter the new name of the corporation:		
VP CONSTRUCTION INC	Tho	new
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or ord "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbrev ""Co". A professional corporation name must conta	iation
Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS )		<del>- i</del>
		+
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
. If amending the registered agent and/or registered office ad	Idrass in Clarida, antar the name of the	Ī
new registered agent and/or the new registered office addre		
Name of New Registered Agent N/A		-
(Florida	street address)	
	Th: 4.	- }
New Registered Office Address:	. Florida	

\_\_\_\_ Add

\_\_\_\_Remove

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address of each Office (Attach additional she Please note the afficer P ~ President; V ~ Vi Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones	er and/or E ass, if neces, director in ce Presiden O – Chief urer, Direct ited in the fe leaves the c	Sirector being added: sary) le by the first letter of the office the s; T+ Treasurer; S+ Secretary; D Financial Officer. If an officer/di or would be PTD, illowing manner. Currently John	me of each officer/director being removed and title, name, and  le:  Director: TR~ Trustee; C ·· Chairman or Clerk; CEO ~ Chief rector holds more than one title, list the first letter of each office  Doe is listed as the PST and Mike Jones is listed as the V. There is the V and S. These should be noted as John Doe, PT as a Change,
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 Add Remove Add Add Remove Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<del></del>		
6) Change			

	(((H17000284663-3))) į
amending or adding additional Articles, enter change(s) here:	
tach additional sheets, if necessary). (Be specific)	
ND PURPOSE OF ORGANIZATION TO " ANY AND ALL LAWFUL I	BUŞINESS"
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an amendment provides for an exchange, reclassification, or cancellat	ion of issued shares,
provisions for implementing the amendment if not contained in the ame	endment itself:
(if not applicable, indicate N/A)	
·	

(((H17000284663.3))) The date of each amendment(s) adoption: \_\_\_ , if other than the 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 will not be listed as the document's effective date on the Department of State's records. 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 (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. 10/30/2017 Dated

selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SUYAPA M PONCE CACERES

Signature

(Typed or printed name of person signing)

(By a director, president or other officer - if directors or officers have not been

TRESURER

(Title of person signing)