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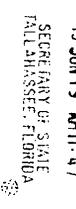
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	INDIAN RIVER	LABOR SERVICES	S. INC		
DOCUMENT NUMBER:	P17000044227				
The enclosed Articles of Amendi	<i>nent</i> and fee are su	ibmitted for filing.			
Please return all correspondence	concerning this ma	itter to the following:	:		
	ΑI	DRIAN MORALES.	, PRESI	DENT	
	Name of Contact Person				
		Firm/ Compa	any		
	P.O. BOX 1479				
	Address				
	FT. PIERCE. FL 34954				
		City/ State and Z	ip Code		
	R	IVERSIDECITRUS(@LIVE	.COM	
E-ma	il address: (to be us	sed for future annual	report r	notification)	
For further information concerning	ig this matter, pleas	se call:			
ADRIAN MORALES		at (772	216-5076	
Name of Contact	Person			e & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made	payable to the Florid	la Depar	tment of State:	
	.75 Filing Fee & tificate of Status	□\$43.75 Filing For Certified Copy (Additional copy 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		!	Divisior Clifton l	Address nent Section n of Corporations Building	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

INDIAN RIVER LABOR SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000044227

(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
INDIAN RIVER INNOVATIONS, INC	The new
name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
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)	P.O. BOX 1479
· 	FT. PIERCE, FL 34954
D. If amending the registered agent and/or registered office address Name of New Registered Agent	
(Florida str.	eet address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered 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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			19 <u>J</u>
3) Change			
Add			T s
Remove			
4) Change			Ø [≥] 7
Add			
Remove			
5) Change			
Add			
Remove			
の Change			
Add			
Remove			

attach additional sheets, if necessary). (Be specific)	
<u> </u>	
	
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	CRETA AHAS
an amendment provides for an exchange, reclassification, or cancellation of issued shares	A A
provisions for implementing the amendment if not contained in the amendment itself:	S 23
(if not applicable, indicate N/A)	m _o _
	
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	06/13/2019	
The date of each amendment(s) a	doption:	_, if other than the
date this document was signed.	07/12/2010	
Effective date if applicable:	06/13/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved 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	<u>,"</u>	
·	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	19
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	W TI
Dated	3/17/2019 EPP	\$ M
Signature	Iduan Marcher 25	를 O
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	7
	ted fiduciary by that fiduciary)	
	Adrian Morales (Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	<u> Yresident</u>	
	(Title of person signing)	