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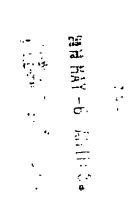
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COVER LETTER

TO: Amendment Sect Division of Corpo				TIAL TO THE STATE OF THE STATE
NAME OF CORPOR	ration: YEIAN BER: P18	DER CON:	struction 1 30	Ne
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma			
	40 EAH - 2669 Fores West Paln	Address Address Address Address Address	* & Financial	-
For further information	n concerning this matter, pleas	se call:		
MAN CE Name	of Contact Person	DE at (<u>56/</u> Area Co) de & Daytime Telephone Numbe	r
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Ma	iling Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

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

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

		The r
une must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	"orp," "Inc," or "Co". A professio	or "incorporated" or the abbreviat nal corporation name must contain
. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET</u>	<u>able:</u> <u>4DDRESS</u>)	
Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	
. If amending the registered agent and/or reginew registered agent and/or the new registered agent and/or the new registered Agent	red office address:	
	(Florida street address)	
	(
New Revistered Office Address:		Florida
New Registered Office Address:	(City)	Florida (Zip Code)

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	P	MARICEL		ACE ROAD EAST
Add Remove				<u>E WORTH, FL</u> 467
2) Change	P	JIMY ABO	· · · · · · · · · · · · · · · · · · ·	WORTH -FL.
Add Remove			- 	467
3) Change Add Remove	,			
4) Change				
Add				
5) Change Add				
Remove				
6) Change				
Add				
Remove				

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an amendment provi	des for an exc	hange, rec	lassificatio	n, or cancel	lation of iss	ued shares,		
rovisions for implem	enting the am	endment if	not contai	ned in the a	mendment	itself:		
(if not applicable, i	ndicate N/A)		"					
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The date of each amendment(s) date this document was signed.	adoption:	4/	12019	, if other than the
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Effective date <u>if applicable</u> :		tore than 90 days o	fter amendment file dat	ρ)
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Note: If the date inserted in this document's effective date on the I	block does not meet Department of State's	t the applicable sta records.	tutory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK U	ONE)		
☐ The amendment(s) was/were as by the shareholders was/were			of votes cast for the arr	endment(s)
☐ The amendment(s) was/were apmust be separately provided for				
"The number of votes cas	st for the amendment(s	s) was/were suffici	ent for approval	
by	(voting grot		••• •••	
	(voting grot	up)		
☐ The amendment(s) was/were action was not required.	lopted by the board of	f directors without	shareholder action and s	shareholder
The amendment(s) was/were action was not required.	lopted by the incorpor	rators without shar	cholder action and share	holder
Dated	4/27/21	019		
Signature	· Simol	Elvalles		
			rectors or officers have	
	ed, by an incorporator nted fiduciary by that		of a receiver, trustee, or o	other court
	MA	1RICEL	ELI ZA (person signing)	LDE
	(Typed o	or printed name of	person signing)	
		PRESID	ENT.	
		(Title of person	signing)	