Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	f Corporations	*	سوج	
Fax Number	•	75 75 75	1	
From:			300	177
Account Na	ne : LARSON ACCOUNTING AND CONSULTING SERVICES	LLC		·—
Account No	mber : I20160000067	-	CO	
Phone	: (407)370-3686	,	æ	
Fax Number	• •	-	<u> </u>	
	dress for this business entity to be used for fulailings. Enter only one email address please.**	ture		
Email Address:		S	TAL	LE
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COR AMND/RESTATE/CORRECT OR O/D RESIGN LJ CONSTRUCTION OF ORLANDO INC

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: LJ CONSTRUCTI	ON OF ORLANDO INC	
DOCUMENT NUMBER: P18000083319		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
CAROLINE G LARSON		
	Name of Contact Person	1
LARSON ACCOUNTING A	ND CONSULTING SERV	TICES LLC
	Firm/ Company	
7901 KINGSPOINTE PKW	` '	
	Address	
ORLANDO, FL 32819		
	City/ State and Zip Code	•
CAROL@LARSONACC.COM		V
9	sed for future annual report	
·	·	
For further information concerning this matter, pleas	se call:	
CAROLINE G LARSON	at (<u>407</u>	370-3686
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee \$\Bigcup \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building Executive Center Circle Issee, FL 32301

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Articles of Amendment to Articles of Incorporation of

filed with the Florida Dept. of State)	
inca with the Fibrida Dept. of State)	
Corporation (if known)	
lorida Profit Corporation adopts the followi	ng amendmenus) to
	The new
" "company," or "incorporated" or the oo". A professional corporation name must.A."	abhreviation
N/A	
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ss in Florida, enter the name of the	
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i address)	
<i>i address)</i> . Florida	
7	orida Profit Corporation adopts the following and professional corporation name must A." N/A

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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 o President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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	PT	John Do	<u>0¢</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nne <u>s</u>	
X Add	<u>\$V</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change			N/A	N/A
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				<u></u>
Remove				
6) Change				
Add				
Remove				

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If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
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te	the second section of the second section secti
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indirect if not contained in the amendment itself:
(if not applicable, indicate N/A)	
WA	
	

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_____, if other than the The date of each amendment(s) adoption: ___ 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 east 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. Dated_____ Signature JOSE M CORLOS (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) JOSE MARIA CARLOS (Typed or printed name of person signing) PRESIDENT (Title of person signing)