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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Emplice STructures Inc., DOCUMENT NUMBER: P/900000/832				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Kevin Collins Name of Contact Person				
Firm/ Company				
40646 PineTree Lane				
40646 PineTree Lane Address Eustis FIA 32736 City/ State and Zip Gode				
Sha Ronging nn a Yehoo Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call;				
Keuin Collins at (352) 406-4851 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:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section 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	
t n.c ====	of	Fig. 1.
EMPHESTIGC	Tyles In	C
(Name of Corpor	ation as currently filed with the	he Florida Deplififistate) 28 A 11: 59
<u> </u>	01852	
(Doe	rument Number of Corporation	(if known) 12
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	rida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following amendment
If amending name, enter the new name of the	corporation:	
4.		The new
ne must he distinguishable and contain the vorp" "Inc.," or Co.," or the designation "Co ard "chartered," "professional association," or t	orp," "Inc," or "Co". A profe	
Enter new principal office address, if applica	<u></u>	
incipal office address <u>MUST BE A STREET A</u>	DDRESS)	
		·
		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
		
If amending the registered agent and/or regis		a, enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address;		Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing I		and the entire
ereby accept the appointment as registered agen	i. I am familiar with and accep	pt the obligations of the position.

Signature of New Registered 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	HGROID HOUSER	
Add Remove			27/2 327/2
2) Change			
Add Remove			
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
	····
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: $1-03-2019$. 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
by
(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 1-22-2019
Signature Kerry Collisson (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)
Kevin Collins (Typed or printed name of person signing)
President (Title of person signing)