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SECRETARY OF STATE

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ASPEN	CONSTRUCTED!	<u> </u>
	2005-7032	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
SEKEMY O	TMELLUNC of Contact Person)	
HOME Concep	TS INTENVITION (m/Company)	1 Monte
PO BOX 6	00368	
	(Address)	
vmB,	FZ 33/60	
(City/ Si	tate and Zip Code)	
For further information concerning this matter,	· _	
(Name of Contact Person)	at (<u>3-5-)</u> <u>33/</u> (Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Depart	ment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo following amendment(s) to its Articles of Incorporation		Corporation adopts the
A. If amending name, enter the new name of the c	corporation:	
CIO CONSTAUC	TON INC	•
The new name must be distinguishable and co "incorporated" or the abbreviation "Corp.," "Inc., "Co". A professional corporation name must association," or the abbreviation "P.A."	," or Co.;" or the designation "C	orp," "Inc," or
B. Enter new principal office address, if applicable		SE IVIS
(Principal office address <u>MUST BE A STREET AD</u>		DRE DRE
• •		ORPOR
C. Enter new mailing address, if applicable:	1 1/1	ORAL AR
(Mailing address <u>MAY BE A POST OFFICE BC</u>		RATIONS
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		r the name of the
	11/0:	
Name of New Registered Agent:	N/P	
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agen position.	nt. I am familiar with and accept	the obligations of the
	ure of New Registered Agent, if chan	ging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	 		☐ Add☐ Remove
			☐ Add ☐ Remove
			Add Remove
	nding or adding additional Articles, of additional sheets, if necessary). (Be s		
provis	amendment provides for an exchange sions for implementing the amendment of applicable, indicate N/A)	, reclassification, or cancell nt if not contained in the an	ation of issued shares, nendment itself:

The date of each	amendment(s)	adoption:	19/09	
Effective date <u>if </u>	applicable:	l 10 more than 90 days after	amendment file date)	
Adoption of Ame	endment(s)	(CHECK ONE)	
		adopted by the shareholder sufficient for approval.	rs. The number of votes cas	at for the amendment(s)
			ers through voting groups. led to vote separately on the	
"The num	ber of votes cas	st for the amendment(s) wa	as/were sufficient for approv	val
by	(ve	oting group)		
The amendme action was not	nt(s) was/were a	adopted by the incorporate	ors without shareholder actio	on and shareholder
	Dated	2/19/01.		
•	selecte		officer – if directors or offi in the hands of a receiver, training)	
	_	SILVER	OFME + M	ent.
	_	Pre	ed name of person signing) berson signing)	