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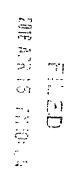
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DeCillis Constru	uction Inc/DCI Home Improvements
DOCUMENT NUMBER: P99000099681	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Deborah DeCillis	
	Name of Contact Person
DeCillis Construction/DCI	Home Improvements
6235 Van Buren Street	Firm/ Company
0233 Van Buren Street	
	Address
New Port Richey, FL 346	53
	City/ State and Zip Code
nata@dainaga aam	
pete@dcipasco.com	10.64
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Deborah DeCillis	at (⁷²⁷) 534-5617
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	
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 Contex Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Decinis Construction, Inc.				
	ently filed with the Florida Dept. of State)			
P99000099681		· · · · · · · · · · · · · · · · · · ·		
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following	lowing ame	indme	nt(s)
A. If amending name, enter the new name of the corporation	<u>:</u>			
~/A		The	new	ı
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name	the abbrev	riation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A 🕳			
			23:	
C. Enter new mailing address if applicable.			7.5	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	7 (: : : 	
	,	Fall E	U)	; [\
		-1		
			<u>—</u> . ;	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address.				•
1/4				
(Florida	a street address)			
New Registered Office Address:	, Florida		_	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		tion.		
Signature of Ne	w 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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	Jeffrey Akins	3216 Beacon Square Drive
X Add			Holiday, FL 34561
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change		<u> </u>	······································
Add			.
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
-	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) nareholder percentages:	
(if not applicable, indicate N/A) nareholder percentages: eter DeCillis = 34%	
(if not applicable, indicate N/A) nareholder percentages: eter DeCillis = 34% eborah DeCillis = 33%	
(if not applicable, indicate N/A) nareholder percentages: eter DeCillis = 34% eborah DeCillis = 33%	
(if not applicable, indicate N/A) nareholder percentages: eter DeCillis = 34%	
(if not applicable, indicate N/A) nareholder percentages: eter DeCillis = 34% eborah DeCillis = 33%	

The date of each amendment(s) adoption:, 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)
(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.
April 12, 2016 Dated Signature Relocat Apalelic Dated
(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)
Deborah DeCillis
(Typed or printed name of person signing)
VP
(Title of person signing)