## P10000078620

| (Re                                     | equestor's Name)   | ·               |  |  |
|---|--------------------|-----------------|--|--|
| (Ad                                     | ldress)            |                 |  |  |
| (Ad                                     | dress)             |                 |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>;</del> #) |  |  |
| PICK-UP                                 | WAIT               | MAIL            |  |  |
| (Business Entity Name)                  |                    |                 |  |  |
| (Do                                     | ocument Number)    |                 |  |  |
| Certified Copies                        | _ Certificates     | of Status       |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |
|   |                    |                 |  |  |
| ٠.                                      |                    |                 |  |  |
|   |                    |                 |  |  |

Office Use Only



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13 JUL 15 AMII: 05

C. LEWIS

JUL 1 6 2013

EXAMINER

## COVER LETTER

TO: Amendment Section

| Division of Corpor   | rations                                    |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| NAME OF CORPOR   | ATION: All Work F                          | ence, Inc  |  |  |  |  |  |
| DOCUMENT NUMB  | ER: P1000007862                            | 20   |  |  |  |  |  |
|  |  |  | <del> </del>   |  |  |  |  |
| The enclosed Articles of   | of Amendment and fee are su                | bmitted for filing.  |  |  |  |  |  |
| Please return all corresp  | pondence concerning this ma                | tter to the following:   |  |  |  |  |  |
|  | Augusto M                                  | 1artinez   |  |  |  |  |  |
| _  | Name of Contact Person                     |  |  |  |  |  |  |
| _  | All Work Fence, Inc                        |  |  |  |  |  |  |
|  | Firm/ Company                              |  |  |  |  |  |  |
| -  | 12233 Coral Reef Dr                        |  |  |  |  |  |  |
|  | Address                                    |  |  |  |  |  |  |
| _  | Orlando, I                                 | FL, 32826  |  |  |  |  |  |
|  |  | City/ State and Zip Code   | e e  |  |  |  |  |
|  | E-mail address: (to be us                  | sed for future annual report                                       | notification)  |  |  |  |  |
| For further information  | concerning this matter, pleas              | se call:   |  |  |  |  |  |
| Augusto Ma   | artinez                                    | at (407  | 666-7852   |  |  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Nur                 |  |  | de & Daytime Telephone Number  |  |  |  |  |
| Enclosed is a check for  | the following amount made                  | payable to the Florida Depa  | urtment 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  |  | Street Address   |  |  |  |  |  |
|  | ndment Section<br>sion of Corporations     | Amendment Section Division of Corporations                         |  |  |  |  |  |
| P.O.   | P.O. Box 6327 Clifton Building             |  |  |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

FILED

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All Work Fence, Inc

13 JUL 15 AMII: 05

| (Name of Corporation as   | currently filed with the Flo   | rida Dept. of State  | -<br>WE            |  |  |
|---|--|--|--------------------|--|--|
| P10000078620  |  | The state of the s | Herm               |  |  |
| (Documen  | t Number of Corporation (if)   | known)   | _                  |  |  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:   | 1006, Florida Statutes, this Fl  | lorida Profit Corporation adopts the following   | ng amendment(s) to |  |  |
| A. If amending name, enter the new na   | me of the corporation:   |  |                    |  |  |
| All Property Home Renov   | vations, Inc   |  | The new            |  |  |
|   | ation "Corp," "Inc," or "C   | " "company," or "incorporated" or the o<br>o". A professional corporation name must<br>A."   | abbreviation       |  |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> ) |  | 12233 Coral Reef Dr  |                    |  |  |
|   |  | Orlando, FL, 32826   |                    |  |  |
|   |  |  | _                  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                           |  | 12233 Coral Reef DR  | _                  |  |  |
|   |  | Orlando, FL, 32826   |                    |  |  |
|   |  |  | _                  |  |  |
| D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent          | d/or registered office addre<br>v registered office address:<br>Sayli Cuan | ss in Florida, enter the name of the   | -                  |  |  |
|   | 6514 Old Chene   | y Hwy  |                    |  |  |
| (Florida street address)  |  |  |                    |  |  |
| New Registered Office Address:  | Orlando  | Florida 32807  |                    |  |  |
|   | (City)   | (Zip Code)   | _                  |  |  |
|   | ered ageni. I am familiar wi<br>US   | th and accept the obligations of the position.  gent, 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:                      | z, ana sai | iy smun, i | or as an Aua. |                 |
|-------------------------------|------------|------------|---------------|-----------------|
| X Change                      | <u>PT</u>  | John Do    | <u>e</u>      |                 |
| X Remove                      | <u>V</u>   | Mike Jo    | nes           |                 |
| X Add                         | <u>sv</u>  | Sally Sn   | <u>nith</u>   |                 |
| Type of Action<br>(Check One) | Title      |            | Name          | <u>Addres</u> s |
| 1) Change                     |            | _          | <del></del>   | <del></del>     |
| Add                           |            |            |               | <del></del>     |
| Remove                        |            |            |               |                 |
| 2) Change                     |            | _          |               |                 |
| Add                           |            |            |               |                 |
| Remove                        |            |            |               |                 |
| 3) Change                     |            | _          |               |                 |
| Add                           |            |            |               |                 |
| Remove                        |            |            |               |                 |
| 4) Change                     |            | _          |               |                 |
| Add                           |            |            |               |                 |
| Remove                        |            |            |               |                 |
| 5) Change                     |            |            |               |                 |
| Add                           |            |            |               |                 |
| Remove                        |            |            |               | ļ               |
| 6) Changa                     |            |            |               |                 |
| 6) Change                     |            | _          |               |                 |
| Add                           |            |            |               |                 |
| Remove                        |            |            |               |                 |

|   | ets, if necessary).  | If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |  |   |  |  |
|---|--|--|--|---|--|--|
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| provisions for impl   | covides for an exclementing the amounted the indicate N/A) | hange, reclassific<br>endment if not co  | ation, or cancell<br>intained in the ar  | ation of issued sha<br>nendment itself: | res,                                   |  |
| provisions for impl   | lementing the amo  | hange, reclassificendment if not co  | ation, or cancell<br>intained in the ar  | ation of issued sha<br>nendment itself: | res.                                   |  |
| provisions for impl   | lementing the amo  | hange, reclassificendment if not co  | ation, or cancell<br>entained in the au  | ation of issued sha<br>nendment itself: | res,                                   |  |
| provisions for impl   | lementing the amo  | hange, reclassificendment if not co  | ation, or cancell<br>entained in the au  | ation of issued sha<br>nendment itself: | res.                                   |  |
| provisions for impl   | lementing the amo  | hange, reclassificendment if not co  | ation, or cancell<br>intained in the ai  | ation of issued sha<br>nendment itself: | <u>res.</u>                            |  |
| provisions for impl   | lementing the amo  | hange, reclassificendment if not co  | eation, or cancell<br>intained in the au | ntion of issued sha<br>nendment itself: | res.                                   |  |
| If an amendment pr<br>provisions for impl<br>(if not applicab | lementing the amo  | hange, reclassificendment if not co  | eation, or cancell<br>entained in the au | ntion of issued sha                     | res.                                   |  |

| The date of each amendmen                          | t(s) adoption: 06/24/2013  | FILED                                 |
|--|--|---------------------------------------|
| Effective date if applicable:                      | 06/24/2013   | FILED  13 JUL 15 AM II: 05            |
|  | (no more than 90 days after an   |                                       |
| Adoption of Amendment(s)                           | (CHECK ONE)  | MELANT PERSON                         |
|  | re adopted by the shareholders. The number of voicere sufficient for approval.   | tes cast for the amendment(s)         |
|  | re approved by the shareholders through voting groed for each voting group entitled to vote separately   |                                       |
| "The number of vote                                | s cast for the amendment(s) was/were sufficient for  | rapproval                             |
| by   | (voting group)   | ,,                                    |
| ☐ The amendment(s) was/we action was not required. | re adopted by the board of directors without sharel  | nolder action and shareholder         |
| The amendment(s) was/we action was not required.   | re adopted by the incorporators without shareholde   | er action and shareholder             |
| Dated 06/  | 24/2013  |                                       |
| Signature_   |  |                                       |
| S  | By a director, president or other officer – if director elected, by an incorporator – if in the hands of a reppointed fiduciary by that fiduciary) |                                       |
|  | Augusto Martinez   |                                       |
|  | (Typed or printed name of person   | n signing)                            |
|  | President A  | · · · · · · · · · · · · · · · · · · · |
|  | (Title of person signing)  |                                       |