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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: INTERIOR TRIM	WORKS, INC	
DOCUMENT NUM	IBER: P16000084750		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	ALVARO RUVALCABA H	ERRERA	
		Name of Contact Person	n
	INTERIOR TRIM WORKS,	INC	
		Firm/ Company	
	38207 YALE CIR		
		Address	
	LEESBURG, FL 34788		
		City/ State and Zip Cod	e
for further information	on concerning this matter, pleas		
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check (or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 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)
An Dis P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	dment Section Amendment Section on of Corporations Box 6327 Division of Corporations Clifton Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INTERIOR TRIM WORKS, INC.

(<u>Name of Corporati</u>	on as currently	filed with the Florida	Dept. of State)	•	
DOCUMENT NUMBER: P16000084750					
(Docun	nent Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006. Floridatis Articles of Incorporation:	a Statutes, this I	lorida Profit Corporat	ion adopts the fo	ollowing amend	ment(s) to
A. If amending name, enter the new name of the co	rporation:				
				The n	ew
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	, " "Inc, " or "C	lo". A professional co	corporated" or orporation name	the abbreviat	ion
B. Enter new principal office address, if applicable			<u>. </u>		
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)				
		_			<u> </u>
					_
C. Enter new mailing address, if applicable:				19 NOY	e
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)			· 2	- , [;]
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				Pri	
			,	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, enter th	e name of the	37	
Name of New Registered Agent					
				<del></del>	
	(Florida stre	et address)			
New Registered Office Address:			, Florida		
wew Registered Office Address.	(	City)	, 1 1011010	(Zip Code)	_
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ith and accept the oblig	ations of the pos	sition	
The organic depends on a seguine to agent		an com accept one cong			
Signo	ature of New Re	gistered 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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	COO	ALVARO RUVALCABA HERRER.	42 S. NORMANDALE AVE
Add X Remove			ORLANDO, FL 32835
2) Change			
Add Remove			
3 ) Change Add			
Remove 4) Change			
Add Remove			
5) Change Add			
Remove 6) Change			
Add			

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an amendment provides for an exc	hange, reclassification	a, or cancellation of is	sued shares,	
provisions for implementing the am	hange, reclassification	n, or cancellation of is ned in the amendmen	sued shares, t itself:	
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification endment if not contain	n, or cancellation of it ned in the amendmen	isued shares, t_itself:	
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provisions for implementing the am	change, reclassification endment if not contain	n, or cancellation of in ned in the amendmen	sued shares, t itself:	

The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Signature	15/19	
selecte	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	-
	ALVARO RUVALCABA HERRERA	
	(Typed or printed name of person signing)	
	C00	
	(Title of person signing)	