P18000013619

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: E & I R-cmodeling Solutions Corp.
DOCUMENT NUMBER: <u>\$18000073679</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hewer Varjus. Name of Contact Person Ed I Remodeling Solvtions Corp. Firm Company 22339 Largmore AVC. Address Port Charlotte I-L 33 952 City/ State and Zip Code Hewer Vargas & Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hrwey Varges at (404) 432 05 74 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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

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	Articles of Incorp	poration	.	·
T D T Q = 1 1 c=		COUR	_	
E & I Remodeling So (Name of Corpo	7/0/1045	-Orp	20190-	
	ration as currently fi	iled with the Florida	Dept. of State) 13	PH 12: 56
P 18000073679				
(De	ocument Number of C	orporation (if known)		
rsuant to the provisions of section 607,1006, Floranticles of Incorporation:	orida Statutes, this Fla	orida Profit Corporati	on adopts the following	ng amendment(
If amending name, enter the new name of the	he corporation:			
				The new
ame must be distinguishable and contain the wore	d "corporation " "cor	nnany " or "incornore	ited" or the abbreviat	
Inc" or Co.," or the designation "Corp," " chartered," "professional association," or the a	Inc, " or "Co". A p	professional corporati	on name must conta	in the word
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u> .				
Enter new mailing address, if applicable:	E DAN)			
(Mailing address MAY BE A POST OFFICE	<u>: BUA</u>)			
	_			
. If amending the registered agent and/or reg	vistered office addres	s in Florida, enter th	e name of the	
new registered agent and/or the new registe		<u>, , , , , , , , , , , , , , , , , , , </u>		
Name of New Registered Agent	-			_
				_
	(Florida street	address)		
New Registered Office Address:			, Florida	
New Registered Office Address,	(Ci	ity)	, i ionua (Lip	Coxle)
	(<i>21</i>	(··· F	,
Domintored Assertly Signature if shoreing	Dagistavad Agants			
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age		h and accept the oblig	ations of the position.	
To the state of th	···· · · ···· y·······················	· · · · · · · · · · · · · · · · · · ·	sy promittee	
	Signature of New Regi	ictored depart if share	rina	_
•	oignature of ivew regi	метва лувні, у спапу	mg	

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example; X Change	and/or D if necess rector titl President Chief Fi rector wo in the fo wes the c and Sal	Director being added: (Sary) (Itel by the first letter of the office title: (Itel the Teasurer; S= Secretary; D= Director; Teanorial Officer. If an officer/director holds more ould be PTD. (Itel the PTD) (Itel the PTD)	TR= Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office held. Is the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
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
1) Change	_0_	Culto De cTesus	17439 Yarbrough Ave.
Add			Port charlotte FL. 33948
X Remove	<i>c</i> >		
2) Change	<u> </u>	I an De Jesus	17439 Yarbrough Ave.
Add			Port charlotte F2 33948
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange provisions for implementing the amendment (if not applicable, indicate N/A)	ent if not contained in the amo	endment itself:	
	·-		
			·
	, ,		
	Page 3 of 4		
	Page 3 of 4		
The date of each amendment(s) adontion:			, if other than the
The date of each amendment(s) adoption: date this document was signed.			, if other than the
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:			, if other than the

document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) 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 ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. (X) The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. (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) Hewey Varjas
(Typed or printed name of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the