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COVER LETTER

Division of Corpo	rations			
NAME OF CORPOR	ation: <u>Sqrasd</u> q	Carpentry an	A Hundyman Sor	vice Company
DOCUMENT NUMB	er: <i>P 190000</i>	17271	· · · · · · · · · · · · · · · · · · ·	,
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	Matthew W	asilewski		
-		Name of Contact Perso	n	_
-		Firm/ Company	 	_
-	2864 Hamasa	issa Rd	२ ऽ	
	2864 Homasa Sarasuta, Fl	Address 4.34239		
_ <i>m</i>	E-mail address: (to be us	Carpentry a	gmail, com	
	15 man address. (to be as	sed for future annual report	nonneution)	
For further information	concerning this matter, pleas	se call:		
Matt Was	silewski	at (<u>941</u>		
Name o	f Contact Person	Area Co	de & Daytime Telephone Numb	ег
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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	

Mailing Address

TO: Amendment Section

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
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

sara sora carpentry and manaymon service company	
Sarasota Carpentry and Handyman Service Company (Name of Corporation as currently filed with the Florida Dept. of State) P19000007271	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
Savasota Carpentry Co. The ne name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation.	w
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	on he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent	
(Florida street address)	
·	
New Registered Office Address: Florida (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Su	nith	
Type of Action (Check Onc)	Title		<u>Name</u>	Address
1) Change			**************************************	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
S) Change				
5) Change Add				
Remove				
6) Change				
Add				
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	ts, if necessary).	(Be specific)			
					
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The date of each amendment(s) adoption: 6/4/2019, if other than the
date this document was signed.
Effective date if applicable:
(ko 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"
by" (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.
C / 1 / 2
Dated_6/4/2019
Signature Man asili '
(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)
MattewWaSilewski (Typed or printed name of person signing)
**
President
(Title of person signing)