385703

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Sheridan Lumber	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUM	1BER:			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
·	Paul G. Schlichte, Esq.			
	· ·	Name of Contact Person	1	
Ray A. Schlichte Jr. P. A.				
		Firm/ Company		
	2134 Hollywood Blvd.			
		Address		
	Hollywood, Fla. 33020			
		City/ State and Zip Cod	e	
psc	hlichte@schlichtelaw.com			
	~	sed for future annual report	notification)	
	•	•	,	
For further informati	on concerning this matter, pleas	se call:		
Paul G. Schlichte, Esq.		954 at (923-4604	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
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 is enclosed)	
Ar Di P.	nendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Sheridan Lumber, Inc.		
(Name of Corporati	on as currently filed with the Florida	Dept. of State)
385703		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporate	on adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
•		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if applicable	••	
(Principal office address MUST BE A STREET ADD		24 8 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or registered agent and/or the new registered	red office address in Florida, enter th	e name of the
Name of New Registered Agent	, ,	
	(Florida street address)	
Non Basistana d Office Address		. Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the oblig	rations of the position.
Siav	nature of New Registered 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.

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)	Title	Name	<u>Addres</u> s
1) Change	PD	Francisco R. Vidal	2044 Sheridan Street
Add			Hollywood, Fl. 33020
X Remove			
2) Change	PD	Rosa L. Vidal	2044 Sheridan Street
x Add			Hollywood, Fl. 33020
Remove			
3) Change	VPD	Maria Vidal	2044 Sheridan Street
x Add			Hollywood, Fl. 33020
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

Attach additional sh	ieets, if necessary)	. (Be specific,)			
						
					****	· <u>- · · · · · · · · · · · · · · · · · ·</u>
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		.				**
f an amendment p	rovides for an ex	change, reclass	ification, or can	cellation of iss	ued shares.	
provisions for imp	olementing the an	endment if not	contained in th	e amendment	itself:	
(іј пот аррисаі	ble, indicate N/A)					
						<u> </u>
		•		·		
					<u> </u>	

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 datedocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	3)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 shareholde action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated OCTOBER 13 /2015	
Dated <u>ocroses 13 /2015</u> Signature . C. Que	
(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 cour appointed fiduciary by that fiduciary)	1
ROSA L.C. UÍDAL	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)