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(m) *07/100°

COVER LETTER

TO: Amendment Section

Division of Corpo	rations				
NAME OF CORPOR	ATION:	M Carpentry	Inc.		
DOCUMENT NUMB	er: <u>P000 000 843</u>	393			
The enclosed Articles of	of Amendment and fee ar	re submitted for filing.			
Please return all corres	pondence concerning this	s matter to the following:			
	Michael	Tim blim ame of Contact Person			
		Firm/ Company			
	305. W. d	nanielle ct.			
	Mary Esther	FL 32560 ty/State and Zip Code	9		
		In a Valor com Hor future annual report notification			
	E-man address. (to be dised	rior ratare annual report notification)	,		
	concerning this matter, I	please call:			
Milhe Ti	mblin ontact Person	at (- 850 -) - 419 Area Code & Daytime Tel	- 2915 ephone Number		
Enclosed is a check for	the following amount m	ade payable to the Fiorida Depart	tment 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 Addre		Street Address			
Amendment Se		Amendment Section Division of Corporations	Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circl	e		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of	
SEM Carpentry Inc.	
Name of Corporation as currently filed with the Florida Dept. of State)	_
Page 000 84393	
(Document Number of Corporation (if known)	_

name must be distinguishable and contain		
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
		ALL I
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		JUL 15 PH
D. If amending the registered agent and/or new registered agent and/or the new reg		
new registered agent and/or the new reg		
Name of New Registered Agent:		
	(Florida street addre	vs)
Name of New Registered Agent:	(Florida street addre:	ss), Florida (Zip Code)

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)

<u>Title</u>	Name	Address	Type of Action
<u>NH</u>	Helli Timblin		Add Remove
エ	Sean Younkin	N/A	Add Remove
	Donnie Ferrell Hicks JR.	201 sibert Ave 32541	Add Remove
	ding or adding additional Articles, enter cladditional sheets, if necessary). (Be specific		
provisi	mendment provides for an exchange, reclasions for implementing the amendment if no not applicable, indicate N/A)		
			
		·	

The date of each amendment(s) :	adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
· · · · · · · · · · · · · · · · · · ·	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by The lim	Sin Helli Timblin Sear Younkin
(vo	oting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated <u>7/</u>	2-2011
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
_	Michael Timblin (Typed or printed name of person signing)
_	President (Title of person signing)