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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____MAV Carpentry, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gary F. Ritter, Esq. Name of Contact Person Firm/ Company 24341 Copperleaf Blvd. Address Bonita Springs, FL 34135 City/ State and Zip Code mverstools@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 390-0081

Area Code & Daytime Telephone Number Gary F. Ritter Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MAV Carpentry, Inc.

15 JUN 26 PM 2: 36

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P01000025506	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	prporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>sistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	nature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	VP	Michael Aaron Versluis	7301 Nalle Grade Rd.
x Add			North Fort Myers, FL 33917
Remove			
2)Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			4
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter chan (Be specific)			
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		<u></u>	<u></u>	
				<u> </u>
				
an amendment provides for an exc	change, reclassifi	cation, or cancellat	ion of issued sha	res.
	<u>cendment if not c</u>	ontained in the am	endment itself:	
provisions for implementing the am				
orovisions for implementing the am (if not applicable, indicate N/A)				
provisions for implementing the am				
provisions for implementing the am				
provisions for implementing the am				
provisions for implementing the am				
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provisions for implementing the am				
provisions for implementing the am				

The date of each amendment(s) ac	June 15, 2015 option:	c c	if other than the
date this document was signed.		SECRETA	RY OF STARE CORPORATIONS
Effective date if applicable:			
	(no more than 90 days after	amendment file date) 15 JUN ?	26 PM 2: 31
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutor partment of State's records.	y filing requirements, this date v	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of valicient for approval.	votes cast for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting geach voting group entitled to vote separate	groups. The following statement ely on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient f	or approval	
by	(voting group)	21	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	oted by the board of directors without shar	eholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	oted by the incorporators without sharehol	der action and shareholder	
June 15, 20 Dated	15		
Signature	rival AUase	án	
	rector, president or other officer – if direct , by an incorporator – if in the hands of a i		
	ed fiduciary by that fiduciary)	cociver, trustee, or other court	
	Michael A. Versluis		
	(Typed or printed name of pers	on signing)	
	President		
	(Title of person sign	nino)	