P02000058410

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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OCT 31 2016 C LEWIS

COVER LETTER

NAME OF CORPOR	ration:	D RESTOR!	ATION Tuc	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	James D	Name of Contact Person	n	
	DÍD A	Firm/ Company	Juc	
	POBOX	257		
	POMOWA	257 Park F	32181	
		City/ State and Zip Cod	e	
For further information	concerning this matter, pleas	se call:		
James Name o	AREGLO of Contact Person	at (386 Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	□\$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)	
Masi	ling Addrose	C4man4	Addung	

Mailing Address

TO: Amendment Section

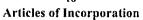
Division of Corporations

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

Articles of Amendment to





of

D3D RESTORATION INC	2016 OCT 27	PM	3:01
(Name of Corporation as currently filed with the Florida Dept. of S	State)		
PO200058410			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following ame	endme	nt(s) to
A. If amending name, enter the new name of the corporation:			
		new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	d" or the abbrev name must conta	iation in the	
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 new registered agent and/or the new registered office address: Name of New Registered Agent	the _		
(Florida street address:	rida		
(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 t	he 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	_V	Wesley Johnston	503 Redwood blud Georgetown FL.
Add		V	Georgetown FL.
Remove			32139
2) Change			
Add			***
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	(
	Al
an amendment provides for an exchaprovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	adoption:	, if other t	than the
date this document was signed.		OVISION OF CO	CDF STATE
Effective date <u>if applicable</u> :	10/13/20/6	0000	JAT URATICS,
	(no more than 90 days after amendment file date)	2016 OCT 27	PM 3: 01
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)	
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statemed reach voting group entitled to vote separately on the amendment(s):	ent	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval		
by	21		
	(voting group)		
action was not required.	lopted by the board of directors without shareholder action and shareholde lopted by the incorporators without shareholder action and shareholder	r	
Dated	10/13/16		
	director, president or other officer – if directors or officers have not been		
select appoi	ed, by an incorporator – if in the hands of a receiver, trustee, or other cour nted fiduciary by that fiduciary)	t	
	JAMES D. KREGLO		
	(Typed or printed name of person signing)		
	Pras		
	(Title of person signing)		

FILED SEURETARY OF STATE DIVISION OF CORPURATION

2016 OCT 27 PH 3: 01

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auditor

Wesley 10 %