P04000009362

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(D.		
(DC)	cument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CORPORATIONS

2016 JUN 28 AM 8: 0.7

JUL 5 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CASTLE DECOR	ATIONS, INC			
DOCUMENT NUMB	P0:4000000363	-			
The enclosed Articles 4	of Amendment and fee are su	buitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		MONTSERRAT D CAST	шо		
-		Name of Contact Person	1		
		CASTLE DECORATIONS	INC		
		Firm/ Company			
		1360 sw 181 ave			
-		Address			
	1	PEMBROKE PINES, FL 33	3029		
-		City/ State and Zip Code			
		castledecorations@ho	tmail.com		
	E-mail address: (to be u	sed for future annual report			
For further information	concerning this matter, plea	se call:			
Montserrat Castillo		954 at (579-7302		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:		
\$35 Filing Fee	Q\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	ndment Section	•	Amendment Section		
Division of Corporations			Division of Corporations		
	Box 6327		Building		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILTE SECRETARY OF STATE DIVISION OF CORPORATION

2016 JUN 28 AM 8: 07

CASTLE DECORATIONS, INC

P0400009362	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "covered "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
	NA NA
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	NA
	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
	NA
	NA
D. If amending the registered agent and/or registered office addroses new registered agent and/or the new registered office address:	
NA	L
Name of New Registered Agent NA	
(Florida stre	eet address)
New Registered Office Address: NA	, Florida NA
The registre of Office registres.	(City) (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)

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Address</u>	
I) NA Change	NA	NA .	NA	
Add				
Remove				
2) NA Change	NA	NA	NA NA	
Add				
Remove	NA	NA	NA	
Add				
Remove				
4) NA Change	NA	NA	NA	
Add				
Remove				
5) NA Change	NA -	NA	NA	 "
Add				<u></u>
Remove				
6) NA Change	NA	NA NA	NA NA	
Add				
Remove				

TICLE III:	anal sheets, if necessary). (Be specific)
ange the purp	ose for which this corporation is organized to
CORATION	, DESIGN AND CABINETS INSTALLATIONS
····	
· · · · · · · · · · · · · · · · · · ·	
if an amend	ment provides for an exchange, reclassification, or cancellation of issued shares,
provisions f	for implementing the amendment if not contained in the amendment itself: upplicable, indicate N/A)
(1) 1101 4	ppicare, militar 1971)

The date of each amendment(s	NA Amborion:	F 11 i	if other than the
date this document was signed.	y and potential and a second an	SELIKE IARY	Of Same
~	06/07/2016	DIVISION OF CO	RPORATION
Effective date if applicable:		6646	
	(no more than 90 days after amendment file date)	2018 JUN 28	AM 8: 07
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, Department of State's records.	this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amen e sufficient for approval.	dment(s)	
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(
"The number of votes of	ast for the amendment(s) was/were sufficient for approval		
by	״		
	(voting group)		
action was not required. The amendment(s) was/were action was not required. 06/07/2 Dated Signature (By	a director, president or other officer – if directors or officers have no	lder st been	
	cted, by an incorporator - if in the hands of a receiver, trustee, or oth	ier court	
app	ointed fiduciary by that fiduciary)		
	MONTSERRAT D CASTILLO		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		