## P04000010565

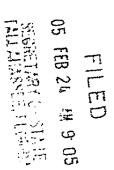
(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
D DOLLID D MAIT D MAII				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document rannoer)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				

Office Use Only



500046441215

MC Tilewis



112724705--011117--020 \*\*52.50

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

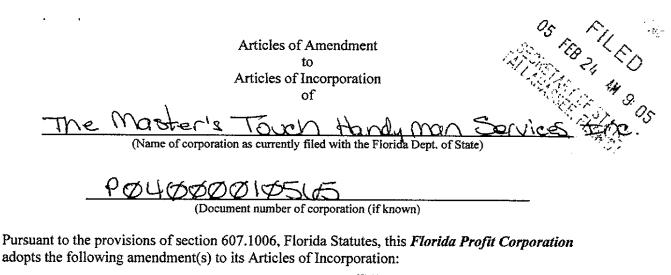
P.O. Box 6327

Tallahassee, FL 32314

NAME OF COR	poration: The M	Paster's Touch	1 Handyman Services
DOCUMENT NO	JMBER: <u></u> PØ 4€	000010565	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	Raul Fer (Name	of Contact Person)	
	he Moster's (Fin	Touch Handy	man Services, Inc
	4409 Hoft,	ner Ave # 179 (Address)	<u>l</u>
_	O(\ardo (City/Si	FL 32812 tate/ and Zip Code)	<u>-</u>
For further inform	ation concerning this matter,	please call:	
Paul (Nam	Fernandez ne of Contact Person)	at (321) <u>C(4</u> (Area Code & Dayti	G. 8412 ime Telephone Number)
Enclosed is a chec	k for the following amount:		
□ \$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 Address		Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	

409 E. Gaines Street

Tallahassee, FL 32399



NEW CORPORATE NAME (if changing):

The Mastar's Truck Flow() I.m.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: Feb. 110, 2005
Effective date if applicable: Feb. 10 2005  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was were sufficient for approval by
(voting group)
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>
Signature  Signature  Signature  Signature  Signature  Signature  (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 court appointed fiduciary by that fiduciary)  FERMIND  (Typed or printed name of person signing)

**FILING FEE: \$35** 

Subscribed and sworn to (or affirmed) before me on 22 of le bruary 2005

By Paul OF entroce T, who is personally known to me or who has produced

FC DIAF 1653734-61-303-0 as identification.

NANCY ORTIZ Notary Public - State of Florida