

P04000013061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

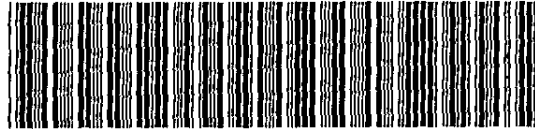
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600038252336

06/28/04--01015--021 \*\*35.00

FILED  
04 JUN 28 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend.*

*B*  
*7/1*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMENDMANT ARTICLES OF INCORPORATION

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN PINEDA

\_\_\_\_\_  
(Name of Person)

PINEDA" A DRYWALL & FRAMING, INC.

\_\_\_\_\_  
(Name of Firm/ Company)

312 PENNSYLVANIA ST HAINES CITY, FL 33844

\_\_\_\_\_  
(Address)

HAINES CITY , FL 33844

\_\_\_\_\_  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ROSANA PINEDA

863

421-7324

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check 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**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of  
PINEDA & DRYWALL & FRAMING, INC.

FILED  
04 JUN 28 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(Name of corporation as currently filed with the Florida Dept. of State)

904000013061

\_\_\_\_\_  
(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

N/A

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

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

A NEW OFFICER IS BEEN ADDED TO THE CORP.

NAME: FELIPE PINEDA AVELLANEDA TITLE V.P.

\_\_\_\_\_  
(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)

FELIPE PINEDA WILL BE THE OWNER OF TEN SHARES

\_\_\_\_\_  
(continued)

The date of each amendment(s) adoption: 6/23/04

Effective date if applicable: 6/23/04  
(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):*

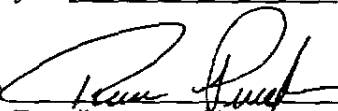
"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 23 day of JUNE, 2004.

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)

ROSAANA PINEDA

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

**FILING FEE: \$35**