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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 016111 DOCUMENT NUMBER: 0100	oct renovations INC
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
SUE	san Mesa
D151	1 Name of Convoi Person UTOS MC
<u>9893</u> S	Watthten
M1QM	11 Padress 33145
SUSAN	City/ State and Zip Code (D) City/ State and Zip Code (d) City/ State and Zip Code (d) City/ State and Zip Code (ed for future amplian report notification)
E-mail address. (to be us	ed for future anipar report nonnearon)
For further information concerning this matter, pleas	e call:
SUSAN MESA Name of Contact Person	at (305), 720-6757
	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

FALLED SECRETARY OF STATE

	Articles of Incorpora	ation .	กเทีย์ก็ดีห์ ด	F CORPORATION
016 11 Oct (Name of Corporation as cur	RENDUCTALE TENLY filed with the Florida	<u> </u>	16, 14 OCT	-8 PM 3: 42
$\rho \cap U \cap c$	MM010547			
(Document Nu	imber of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this <i>Florida</i>	a Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co" or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co"			
B. Enter new principal office address, if ap				
(Principal office address <u>MUST BE A STRE</u>	<u>E1 ADDRESS</u>) 			
C. Enter new mailing address, if applicable				
(Mailing address MAY BE A POST OFF				
D. 16 10 -		50 - 23 - A - Ab	641	
D. If amending the registered agent and/or new registered agent and/or the new reg		riorida, enter the na	ime of the	
Name of New Registered Agent				
	(Florida street add	ress)	_	
New Registered Office Address:		, Florid	a	
	(City)		(Zip Code)	
New Registered Agent's Signature, if change				
I hereby accept the appointment as registered	agent. I am familiar with an	d accept the obligatio	ns of the position.	
Signat	ure of New Registered Agent, i	if changing	_	
Digitali	oj men negisieren ngem, i	, onunging		

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One) 1) Change Add	Title	Name ERNSTO MESO	Address 9803 SW 27th terr MAM PL 33165
Remove 2) Change Add	<u>νρ</u>	SUSAN MESA	9833 SW ATH TON MUMI PL 3345
Remove 3) Change Add			
Remove 4) Change Add		·	
Remove 5) Change Add			
Remove 6) Change			
Add			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
.,	
 	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	Plus Segretare	OF STAIR	, if other than the
date this document was signed.	O NOTICE OF C	ON CRAIT	,
Effective date if applicable:	14 OCT -8	PM 3: 42	
	(no more than 90 days after amendment file	date)	
Adoption of Amendment(s) (CHI	CCK ONE)		
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap		e amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting g			
"The number of votes cast for the amend	lment(s) was/were sufficient for approval		•
by	ng group)		
(voti	ng group)		
The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder action a	and shareholder	
The amendment(s) was/were adopted by the in	ncorporators without shareholder action and s	hareholder	
action was not required. Dated 937/19	2 () 10	, mareno aci	
· · · · · · · · · · · · · · · · · · ·	12d)		
Signature (By a director, president	lent or other officer – if directors or officers h	nave not been	
clected, by an incor	porator – if in the hands of a receiver, trustee	, or other court	
appointed fiduciary	SUSM Mesa		
	(Typed or printed name of person signing	ıg)	
	DUNK		
	(Title of person signing)		