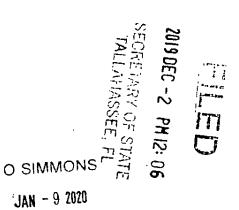
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



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COVER LETTER

O: Amendment Section Division of Corporations

SAME OF CORPO	RATION:	UNLIMITED OF CENTR	AL FLORIDA INC.
	BER: P04000130005		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	John Mashtare		
		Name of Contact Persor	1
	INSTALLATIONS UNLIMI	TED OF CENTRAL FLOR	RIDA INC.
		Firm/ Company	
	4400 Gray Heron Ln		
		Address	
	ORANGE PARK, FL 32065		
		City/ State and Zip Code	
		Grigo Columbia and Izago Columbia	
jmas	htare@minstallations.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
John Mashtare		315	5256281
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NSTALLATIONS UNLIMITED OF CENTRAL FLORIDA INC

(Name o	f Corporation as currently	filed with the Florida Dep	pt. of State)	
204000130005				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporation :	adopts the following	amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
N/A			S)	De new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professiona! association,"	orp," "Inc," or "Co". A			orp"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	- RY OF HASSE	-2 PH
				-15 - ()
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		<u> </u>
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	ime of the	
Name of New Registered Agent	N/A			
	(Elimida da	or and discount		
New Registered Office Address:	N/A	e daaress)	. Florida	
	10	Tity)	(Zip Ci	nte)
New Registered Office Address: New Registered Agent's Signature, if cl I hereby accept the appointment as registe	(() nanging Registered Agent:	Tity)	,	nlei
		, , , , , , , , , , , , , , , , , , , ,	, ,	
	Signature of New Per	nistered Agent if changing		

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ldress of each Officer and/or Director being added:

(ttach additional sheets, if necessary)

lease note the officer/director title by the first letter of the office title:

= 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	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Christina Mashtare	4400 Gray Heron Ln
X			ORANGE PARK, FL 32065
Remove			
2) Change			_
Add			
Remove Change			
Add			
Remove			
4) Change			in the state of t
Add			OF STATE OF
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Christina Mashtare will now be the V, with 50% shareholder. John Mashtare will remain the President with 50% shareholder.

		
		<u>-</u>
		
		
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F. If an amendment provides for an 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) N/A	ECRETARY OF STATE	MIGNEC -2 BUILD
		
		
· · · · · · · · · · · · · · · · · · ·		
Page 3 of 4		
The date of each amendment(s) adoption: 11/25/2019 date this document was signed.		_, if other than th
Effective date if applicable:		
(no more than 90 days after amendment file date)		

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the scument's effective date on the Department of State's records.

doption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ad by the shareholders was/were s		The number of votes ca	st for the amendm	ient(s)	
☐ The amendment(s) was/were ap must be separately provided for				tement	
"The number of votes cast	for the amendment(s) wa	s/were sufficient for appr	roval		
by					
•	(voting group)		·		
☐ The amendment(s) was/were ad action was not required.	opted by the board of dire	ctors without shareholder	raction and shareh	nolder	
The amendment(s) was/were ad action was not required.	opted by the incorporators	without shareholder acti	ion and shareholde	21'	
Dated) 				
Signature <u> </u>	Jeh Mosto	-			
selecto	lirector, president or other ed, by an incorporator – if nted fiduciary by that fiduc	in the hands of a receiver			
	John Mashtare			SE 20	;
	(Typed or prii	nted name of person signi	ing)	CRE ALL	
	President			TAR Allis	(a transp
	(Title of person signing)		,	P PHI2: 06 SSEE, FL	