P05000058122

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07/29/11--01020--005 **35.00

Amend



12-11

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Bill martin Renovations, Inc.
DOCUMENT NUMBER: POSCOCOS SEIDO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Seance Water Name of Contact Person
Bill martin Renaulations, Inc.
545 37+h STEET Address
West Palm Beach, FL 33407 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (56) 863 8007 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \text{(Additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \text{(Additional Copy is enclosed)}\$\$ \$\ \text{Certified Copy} \text{(Additional Copy is enclosed)}\$\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of	
(Name of Corporation as currently filed with t	Provations Inc.
P05000058121	Tronda Dept. of State
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>u</u>
NIA	The new
name must be distinguishable and contain the word "corposition "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIP
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office and registered agent and/or the new registered office address.	
Name of New Registered Agent: Dean N-E	2 martin
Now Registered Office Address: (Florid	a street address) When Seach Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Aghereby accept the appointment as registered agent. I am famil	<u>gent:</u>

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Title .	Name	Address	Type of Action
Res	Billwilliam Martin	Nest Palm Bel FL 33407	_
<u>pres</u>	Jeanne Martin	545 37th St West Valm But \$1.33-607	Add Remove
			_
	ding or adding additional Articles, enter		
(araon ar	(20 speci		
F Ifana	nendment provides for an exchange, rec	elassification or cancellation of is	sued shares.
provisi	ons for implementing the amendment if not applicable, indicate N/A)		

i ne uaie oi each amenument	s) auopuon:
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
1	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendmen e sufficient for approval.
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	voting group)
The amendment(s) was/wer action was not required.	adopted by the board of directors without shareholder action and sharehold
The amendment(s) was/wer action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	a5 II
sele	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Jeane Multin (Typed or printed name of person signing)
	Resident (CEO (Title of person signing)