

Office Use Only



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## COVER LETTER

Division of Corporations
NAME OF CORPORATION: EXTREM MADONY INCOMENT NUMBER: P0500068952
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Salvador Guillen Name of Contact Person
Name of Contact Person
3973 Lake Worth Rd Ste 110
3973 Lake Tworth Rd Ste 110  Address  Lake Worth F1 33461  City State and Zip Code
E-mail address. (to be used for future/annual report notification)
For further information concerning this matter, please call.
5alvodor Guillen = 561 633-9958
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

## Mailing Address

TO: Amendment Section

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

is enclosed)

## Articles of Amendment

Articles of Incorporation

Extreme Masonry Inc	<u></u>
(Name of Corporation as currently filed with the	Florida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i> its Articles of Incorporation:	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess word "chartered," "professional association," or the abbreviation "P.A."	The new or "incorporated" or the abbreviation ional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  LOD	3 Lake Worth Rd te 110 2 Worth F1 3:346
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Lake	3 Lake Worth Ra 50ite 110 Worth F1 334
D. If amending the registered agent and/or registered office address in Florida, onew registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent  3973 Lake Wos  (Florida street address)  New Registered Office Address: Lake Wosh  (City)	th Rd Svite 110  Florida 33461.
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept t	he obligations of the position.
Signature of New Registered Agent.	if changing 57

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>	John Do	<u>c</u>	
X Remove	7.	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>iith</u>	
Type of Action (Check One)	Tule		Name	Address
lı Change				
Add				
Remove				
2) Change				
Add				
Remove				
3.) Change				
Add				
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4) Change				
Add		_		
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51 Change		<del></del>		
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Remove				<del></del>
6) Changa				
6) Change		<del></del>		
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Remove				

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provisions for i	it provides for an exchimplementing the americable, indicate N/A)	ange, reclassifice ndment if not co	ation, or cancella ntained in the am	tion of issued sha lendment itself:	ires,	
					····	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wild document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted 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"	
by	
☐ 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.	
Dated	
Signature 50100006 GUILLEY	
(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)	
Salvador Guillen	
(Typed or printed name of person signing)	
President	
(Title of person signing)	