P050000068952

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF SALE

Amend

AUG 18 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ation: <u>Extre</u> er: <u>P0500</u>	me Mas 2006895	sonry Inc	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	Salvado	or Gui	llen	
-		Name of Contact Person	1	
-	1106 5.	Firm/Company 7. 5 We	eet	
-	Lake i	Address OOTH F City/ State and Zip Code	er -1 33460	
City/ State and Zip Code SQ/YQGOIGUI/IEN QQOI-COM E-mail address fto be used for future annual report notification)				
For further information concerning this matter, please call:				
Salvador	Guillen	at (56/	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	☐\$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)	
	ing Address		Address	
	ndment Section ion of Corporations		ment Section on of Corporations	
P.O. Box 6327 Clifton Building				
Talla	hassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Extreme Ma	sonry	Inc			
(Name of Cor	poration as currently fi	led with the Florida D	Dept. of State)	-	
P05000	06895	2			
	Document Number of Co	orporation (if known)			
		•			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	rida Profit Corporation	n adopts the follow	wing amendme	ent(s) t
A. If amending name, enter the new name of	the corporation:				
				The nev	A*
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc." or "Co	". A professional corp	orporated" or the poration name mi	abbreviation ist contain the	リ マ
B. Enter new principal office address, if app (Principal office address MUST BE A STREE					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			TACTOR ACTION AC	28 IN AUG I I AH	FILE
D. If amending the registered agent and/or r new registered agent and/or the new regi		in Florida, enter the	name of the	9:10	O
Name of New Registered Agent					
	(Florida street e	address)			
New Registered Office Address:			, Florida		
	(Cit	iv)		(ip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		and accept the obligat	tions of the positio	on.	
	Signature of New Revi	stered Agent, if changi	ng		

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: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	<u>VP</u>	Loreto Guillen	4265 Norcissus AUG Lake Worth Fl
Add			LORE WOOFF +1
Remove			33461
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			····
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
_	
f an amendment provides for an exch	lange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	<u></u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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 was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	•
Dated	
Signature <u>) Life will</u> <u>(By a director, president or other officer – if directors or officers have not be</u>	
selected, by an incorporator – if in the hands of a receiver, trustee, or other of	
appointed tiduciary by that fiduciary)	
Salvador Guillen	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	