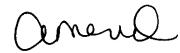
P05000094718

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	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:		

Office Use Only



100277887011



10/09/15--01003--028 **35.00



OCT 09 2015 A RAMSEY

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Larry Roys Trim Carpentry Incomment Number: P05000094718					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Lary Roy Name of Contact Person					
Larry Roys Trin Carpentry INC.					
620 C Kings Estate Rd					
St. Augustine Fl 32086 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 (QO4) 814-0421 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					

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

Articles of Amendment to Articles of Incorporation

	Articles of Inco	rporation	yer ,
	of		FILED
Larry Ro (Name of Co	orporation as currently	Or Dentry Filed with the Florida Der	1. of State OCT 9 PM 3: 50
	050009 (Document Number of Countries)		SECRETARY OF STATE TALLAMASSEE, FLORIDA
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:		*10	idopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
	NA		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	o". A professional corpoi	orated" or the abbreviation ration name must contain the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		P/A	
C. Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFF		~/A	
D. If amount is the start of th			
D. If amending the registered agent and/or new registered agent and/or the new reg		ss in riorida, enter the na	me of the
Name of New Registered Agent	N	A	
_	(Florida stree	t address)	
New Registered Office Address:			, Florida
	(0	City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered	agent. I am familiar wi		
	Signature of New Res	gistered Agent, if changing	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>V</u>	Tammy D Ray	640 Kings Estate Ro
X_ Add			St. Augustine Fl
Remove			32086
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove	•		
4) Change			- <u></u> -
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
Adding Tammy DRay As Vice President with a 10% ownership of the Corporation. Larry Ray's TrimCarpentry In Document # P 05000094718 10/7/15 #35.00 Check included Check# 1042
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)

date this document was signed.
Effective date if applicable: 7/5/05 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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" (voting group)
(voting group)
☐ 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.
Dated10 7 15
Signature (By a director, president of 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)
(Typed or printed name of person signing)
President (Title of person signing)