## 05000 109139

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

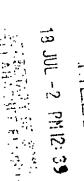
Office Use Only



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frond



June 1, 2018

JUAN L DI RUSSO 13806 SW 142 AVE #23 MIAMI, FL 33186

SUBJECT: DI RUSSO CARPENTRY, INC.

Ref. Number: P05000109139

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

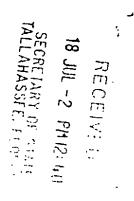
Please note that it is encouraged to use titles as shown, by replacing the officer/director title by the first letter of the office title: P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 818A00011393



## **COVER LETTER**

TO: Amendment Section Division of Corporations 1000 NAME OF CORPORATION: DI RUSSO CARPENTRY INC DOCUMENT NUMBER: P05000109139 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN L DERUSSO Name of Contact Person Firm/ Company 13806 SW 142 AVE #23 Address MIAMI, FL 33186 City/ State and Zip Code omeroleal@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN L DI RUSSO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation

of

( <u>Name o</u>	of Corporation as currer	<u>itly filed with the Florida Dep</u>	t, of State)	
05000109139				
	(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amenda	nent(s) t
. If amending name, enter the new na	ume of the corporation:			
∜A			The no	ne
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associat	ation "Corp." "Inc." or	"Co". A professional corpore	rated" or the abbreviation	on
Enter new principal office address	if annlicable:	13117 SW 122 AVE		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		MIAMI, FL 33186		=
			23% 00	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13117 SW 122 AVE	UL -2	
		MIAMI, FL 33186	7 2	
			7. 7.3 56. co	•
. If amending the registered agent an new registered agent and/or the new			me of the	•
Name of New Registered Agent				
	2182 WEST 60 ST APT			
	(Elavida)	street address)		
	• • • • • • • • • • • • • • • • • • • •		22017	
New Registered Office Address:	HIALEAH	(City)	. Florida <u>33016</u> (Zip Code)	

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Ju	mes	
X Add	<u>SV</u>	Sally Si	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	s En	nskyce	PADRON YUNIOR	14601 SW 88TH ST
Add				APT K-311
X Remove				MIAMI,FL 33186
2) Change	S		CARLOS A BREA OBELLA	11751 SW 188 TERR
X Add	<del></del>	_		MIAMI, FL 33177
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
റ Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	***
F. If an amendment provides for an exchange, reclassification, or cancellation of iss	ued shares,
provisions for implementing the amendment if not contained in the amendment	itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) ado	05/12/2018 ption:	, if other than th
date this document was signed.	•	
05/12/	2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man so anys after amenament file date)	
<b>Note:</b> If the date inserted in this ble document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date will artiment of State's records.	not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by N/A		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
05/12/2018		
Dated		
Signature	fort t	<u> </u>
(By a dire	ector, president of other officer - if directors or officers have not been	
	by an incorporator = if in the hands of a receiver, trustee, or other court	
appointe	d <b>[5</b> ductary by that tiductary)	
J	UAN L. DI RUSSO	
_	(Typed or printed name of person signing)	
(	EO	
_	(Title of person signing)	