

P05000109622

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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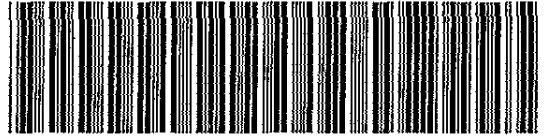
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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1 FEB 02 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STUCCO BROTHER'S CORP

DOCUMENT NUMBER: PO 5000109622

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOELIA RAMIREZ

(Name of Contact Person)

STUCCO BROTHER'S INC.

(Firm/ Company)

2205 PENINSULAR DR.

(Address)

HAINES CITY FL 33844

(City/ State and Zip Code)

For further information concerning this matter, please call:

NOELIA RAMIREZ

(Name of Contact Person)

at (863) 605-2801

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 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)

Mailing Address

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
of

FILED
06 JAN 30 PM 1:57

STUCCO BROTHER'S CORP.

(Name of corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

P05006109622

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

STUCCO BROTHER'S INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ARTICLE I. NEW NAME IS CHANGED

TO: STUCCO BROTHER'S INC.

ARTICLE V. CORRECTING REGISTERED AGENT

NAME: NOELIA RAMIREZ

ARTICLE VII ADD NEW OFFICER SECRETARY

NAME: NANCY JIMENEZ

State of Florida

This instrument was acknowledged before me

on the 24th day of January, 2006

by Nancy V. Jimenez

who is personally known to me

and is the proper person to execute the same

Notary Public



DAWN A. GARCIA
Notary Public, State of Florida
My comm. expires Feb. 15, 2009
No. DD 379820

(Attach additional pages if necessary)

If an amendment provides for 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)

NONE

(continued)

The date of each amendment(s) adoption: 01-19-06

Effective date if applicable: 01-19-06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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)

- ☐ 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.

Signature x Noelia Ramirez
(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)

NOELIA RAMIREZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35