## 5000114815

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Amend + N/C

T BROWN AUG 3 1 2005

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ADOLO	OFO SANCHEZ'S STUCCO AND DESIGNS CORP
DOCUMENT NUMBER: P050001144	B15
The enclosed Articles of Amendment as	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
ADOLFO SANCHEZ	The state of the s
	(Name of Contact Person)
ADOLFO SANCHËZ'S STU	CCO AND DESIGNS
<u>्र</u> । प्रमुख्य है क्या जिल्ला के स्थापन के स	(Firm/Company)
14605 NORTH 14TH STRE	The state of the s
	(Address)
DADE CITY, FL 33523	No. of the Control of
	(City/ State/ and Zip Code)
For further information concerning this	matter, please call:
ADOLFO SANCHEZ	at ( 352 ) 457-3002
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following ar	nount:
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

## FILED 05 AUG 29 AM 10: 57 TALLAHASSEE, FLORIDA

ADOLOFO SANCHEZ STUCCO DESIGNS CORP.
(Name of corporation as currently filed with the Florida Dept. of State)
P05000114815
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
ADOLFO SANCHEZ'S STUCCO AND DESIGNS CORP
(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)
I NEED TO ADD MYSELF ON THE CORP. MY NAME WAS LEFT OUT OR THERE WAS NO TITLE
BESIDE MY NAME SO PLEASE ADD ME AS ADOLFO SANCHEZ PRESIDENT AND OFFICER OF
THE COMPANY

(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)

NA

(continued)

ALSO CORP. NAME WAS MISPELLED IT SHOULD BE ADOLFO SANCHEZ NO O IN BETWEEN THE

L AND F

The date o	of each amendme	nt(s) adoption: 08-25-2005
Effective d	late if <u>applicable</u> :	08-25-2005
		(no more than 90 days after amendment file date)
Adoption	of Amendment(s)	(CHECK ONE)
		) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
		) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):
	"The number	of votes cast for the amendment(s) was/were sufficient for approval by
		(voting group)
		) was/were adopted by the board of directors without shareholder action ction was not required.
Ø		was/were adopted by the incorporators without shareholder action and was not required.
Signed this	s 25TH day o	AUGUST 2005
	sel	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	A	OOLFO SÁNČHEZ
	<del></del>	(Typed or printed name of person signing)
	PR	RESIDENT
		(Title of person signing)

FILING FEE: \$35