## P05000/60663

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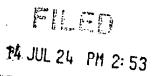
AUG 0 6 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: S&S Home Remodeling Inc.	
DOCUMENT NUMBER: P05000160663	<del></del>
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LUIS A. BREVE	
Name of Contact Person	
S&S Home Remodeling Inc.	
Firm/ Company	
233 Porta Rosa Circle	
Address	
St. Augustine, FL 32092	
City/ State and Zip Code	
yanetusa@hotmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LUIS A. BREVE at (407) 608-8032	
Name of Contact Person Area Code & Daytime Telepho	one 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)  (Additional Copy is enclosed)	itus
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	e

## Articles of Amendment to Articles of Incorporation of



S&S Home Remodeling Inc.

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(Name of Corporation as	currently filed with the Fl	orida Dept. of State)	TELL PROSE LE PROPERT
P05000160663			The state of the s
(Documer	nt Number of Corporation (if	known)	<del></del>
ursuant to the provisions of section 607. s Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s
. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corp	
3. Enter new principal office address,	if annlicable	233 Porta Ros	sa Circle
Principal office address MUST BE A S		St. Augustine,	FL 32092
			···
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Same as Abov	/e
		<del></del>	
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>			ame of the
Name of New Registered Agent	Marco A. Mejia	•	
	4933 S. Orange	Ave.	_
	(Florida stre	,	<del>_</del>
New Registered Office Address:	Orlando	. Flori	<sub>da</sub> 32806
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Fam familiar with and accept the obligations of the position.

Signature of New Registered 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.

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	Р	YORDANI SANTOS	117 Spring Garden Rd
Add			Sebring, FL 33870
Remove			
2) Change	VP	XILENA SANTOS	117 Spring Garden Rd
Add			Sebring, FL 33870
Remove			
3) Change	Р	LUIS A. BREVE	233 Porta Rosa Circle
<b>√</b> Add			St. Augustine, FL 32092
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)	<u>here</u> :	
<del> </del>				
•				
	(1 6			
an amendment pr	rovides for an excl	hange, reclassification	, or cancellation of	issued shares,
<u>provisions for impl</u>	lementing the ame	hange, reclassification endment if not contain	, or cancellation of ed in the amendme	issued shares, nt itself:
<u>provisions for impl</u>	rovides for an exclementing the ame le, indicate N/A)	hange, reclassification endment if not contain	, or cancellation of ed in the amendme	issued shares, nt itself:
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date this document was signed.	, if other than the
Effective date if applicable: 07/21/2014	
(no more than 90 days after amendment file date)	_
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	
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.	
Dated_07/21/2014  Signature	
(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)	_
YORDANI SANTOS	
(Typed or printed name of person signing)	<del></del> .
PRESIDENT	
(Title of person signing)	