

10/19/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000303851 3)))



H180003038513AB03

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2018 OCT 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN
LEWIS PROFESSIONAL CARPENTERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 OCT 23 AM 4:2

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 24 2018

T. LEMIEUX

(((F19000333351 3)))

COVER LETTERTO: Amendment Section
Division of CorporationsNAME OF CORPORATION: LEWIS PROFESSIONAL CARPENTERS, INC.DOCUMENT NUMBER: P07000017076The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEWIS VILLAMIZAR

Name of Contact Person

LEWIS PROFESSIONAL CARPENTERS, INC.

Firm/ Company

1661 NE 177 STREET

Address

NORTH MIAMI BEACH, FL 33162

City/ State and Zip Code

ACCOUNTING2@SILVASBOX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEWIS VILLAMIZAR

Name of Contact Person

786

287-7907

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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

850-617-6381

10/23/2018 10:35:56 AM PAGE 1/001 Fax Server



October 23, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEWIS PROFESSIONAL CARPENTERS, INC.
1661 NE 177 STREET
NORTH MIAMI BEACH, FL 33162US

SUBJECT: LEWIS PROFESSIONAL CARPENTERS, INC.
REF: P07000017076

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please have Lewis Villamizar sign the amendment.

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.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H18000303851
Letter Number: 318A00021714

RECEIVED

2018 OCT 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FL

P.O. BOX 6327 - Tallahassee, Florida 32314

(((H180003038513)))

Articles of Amendment
to
Articles of Incorporation
of

LEWIS PROFESSIONAL CARPENTERS, INC.

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

P07000017076

(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:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____

(City)

(Zip Code)

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

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

Signature of New Registered Agent, if changing

FILED
 2018 OCT 23 AM 4:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(((H18000303851 3;)))

If attending 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	S	EDUARDO MENDEZ	2257 NW 33 ST
<input checked="" type="checkbox"/> Add			MIAMI, FL 33142
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	S	CESAR MEJIA	1241 NE 211 TER
<input checked="" type="checkbox"/> Add			MIAMI, FL 33179
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

((H18000303851 3)))

The date of each amendment(s) adoption: 10/01/2018, if other than the date this document was signed.

Effective date if applicable: 10/01/2018
(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)

☒ 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.

OCTOBER 19, 2018
Dated _____

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)

LEWIS VILLAMIZAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)