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SECRETARY OF STATE
ANALYSEE, FLORIDA

Anundas

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FIX-IT PATIO, IN	IC			
DOCUMENT NUMB					
	of Amendment and fee are su	abmitted for filing.			
Please return all corresp	pondence concerning this ma	atter to the following:			
:	SONIA M. TEJADA				
	Name of Contact Person				
I	FIX-IT PATIO, INC				
_	Firm/ Company				
2	2360 LINWOOD AVENUE				
_	Address				
1	NAPLES, FL 34112				
		City/ State and Zip Cod	е		
FIXIT	PATIO@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
ROSA TEJADA		at (²³⁹	200-1674		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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

Articles of Amendment to Articles of Incorporation of

FIX-IT PATIO, INC				
(Name	of Corporation as currer	ntly filed with the Florida	Dept. of State)	
P07000023357				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporati	ion adopts the following amendmen	ıt(s) t
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation rporation name must contain the	
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A S		***************************************		
		—		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	TALLING TO	1
(muning nauress MAT BE A FUST	OFFICE BOX			
			(M. 10)	
			ing 1	
D. If amending the registered agent as	nd/or rogistored office ad	dware in Florida, antar th	a name of the	
new registered agent and/or the ne			e name or the	
Name of New Registered Agent	N/A		•	
11000 11000 11000 11000 11000				
	(Florida)	street address)		
N D	N/A		DI 11	
New Registered Office Address:		(City)	, Florida (Zip Code)	
		•		
New Registered Agent's Signature, if			ar Call Sa	
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the oblig	ations of the position.	
	Signature of New	Registered Agent, if chang	ring	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	BENITO RAMOS-LEON	2571 WILSON BLVD N.
X Add			NAPLES, FL 34120
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	 -		
Remove			

(Attach addition	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
PLEASE AMEN	ND ARTICLES TO LIST/ADD BENITO RAMOS-LEON AS VICE PRESIDENT OF FIX-IT PATIO,
	
,	
·	
. If an amendn	ment provides for an exchange, reclassification, or cancellation of issued shares,
	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
N/A .	
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	

The date of each amendment(s) adoption:	, if other than th
date this document was signed."		
I Effective date <u>if applicable</u> :	0/5/2015	
meetive date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareh	nolder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	r
10/5/20	15	
Dated	1.77	
Signature	The legal	
sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	SONIA M. TEJADA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	