# P07000065210

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#### **COVER LETTER**

**TO:** Amendment Section

Division of Corporations
NAME OF CORPORATION: Stope WONKS Installation Services DOCUMENT NUMBER: P0700065210
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Stone Works Endalation Svcs  Firm/ Company  70 b Rollingwood W  Address  Valia FL 33594  City/ Stale and Zip Code  and reabriones a small com  E-mail address: (to be used for future about 1 eport notification)
For further information concerning this matter, please call:
ANDREA TREIPE at (813) 516 7329  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
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**

#### Articles of Incorporation

## STONE WORKS INSTAUATION SERVICES, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if here) result to the provisions of section 607.1006, Florida Statutes, this Figure 1.1006, Florida Statutes, the Figure 1.1006, Florida Statutes,	,	opts the following amendment
Articles of Incorporation:		
If amending name, enter the new name of the corporation:		
nlo		The new
me must be distinguishable and contain the word "corporation, orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord "Corp," "Inc," or "Cord "Cord "Cord" "Professional association," or the abbreviation "P	o". A professional corpora	rated" or the abbreviation tion name must contain the
Enter new principal office address, if applicable:	- No	
incipal office address <u>MUST BE A STREET ADDRESS</u> )	' '	
		*** ******
		<u> </u>
Enter new mailing address, if applicable:	10/0	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Mos	Hon E
		<u> </u>
Tr	as in Florida, anton the man	<u> </u>
If amending the registered agent and/or registered office addre new registered agent and/or the new registered office address:	ss in Fiorida, enter the nam	ie of the
Name of New Registered Agent		
Name of Ivew Registered Agent		
(Florida stree	et address)	·
.\_	,	
New Registered Office Address: (City)	, Florida_	(Zip Code)
` "		
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar wi		

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	<u>5</u>	Inonny Briones	
_ <b>_X</b> Add		•	Valino, Fr 33594
Remove			
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Attach add.	Iditional sheets, if necessary). (Be specific)	
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If an ame	endment provides for an exchange, reclassification, or cancellation on some for implementing the amendment if not contained in the amendment.	f issued shares.
provision (if no	ons for implementing the amendment if not contained in the amendment applicable, indicate N/A)	ent itself:
() //-		
	No	
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		·

The date of each amendment(s) adoption: 9913 date this document was signed.	, if other than the
Effective date if applicable:  (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	
m Alejandro Freize + Andrea Freize "	
by Alejandro Freire + Andrea Freire " (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.	
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)	_
ANDREA FREIRE	
(Typed or printed name of person signing)	<del>_</del>
ANDREA FREIRE  (Typed or printed name of person signing)  VICE PRESIDENT	
(Title of person signing)	_

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