

Florida Department of State

Division of Corporations Public Access System

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.

(((H09000099365 3)))



H090000993653ABC6

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 : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019

Phone

: (305)552-5973 er : (305)220-1440

Fax Number

COR AMND/RESTATE/CORRECT OR O/D RES

CUSTOM RESIDENCY REMODELING INC

Certificate of Status	_ o
Certified Copy	0].
Page Count	04
Estimated Charge	\$35.00

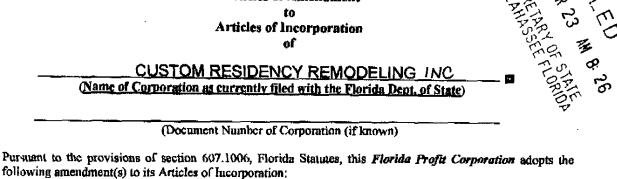
Electronic Filing Menu Corporate Filing Menu

Help

FROM : LAZARUS

FAX NO. :3052201440

Articles of Amendment



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

'o". A professional corporation na sociation," or the abbreviation "P.A."		man ne w	vord "chart	ered," "professional
<u>Enter new principal office address, if a rincipal office address MUST BE A STRE</u>		<u>sz</u>)		
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)				
If amending the registered agent and/onew registered agent and/or the new re	r registered offic	office address:	s in Florids,	enter the name of th
. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent:	r registered offic	office address:	s in Florida,	enter the name of th
	gistered offic	office address: ce address:		enter the name of th
Name of New Registered Agent:	gistered offic	e address:	et address)	cnter the name of th

Signature of New Registered Agent, if changing

Page 1 of 3

H09000099365

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, (I necessary)

Tiţl	<u>le</u>	Name	Address	Type of Action
VP		HECTOR CORZO		Ø Add
			****	□ Remove
				r7. 4.11
				Add Remove
				Add
				□ Remove
				
Tr 1	if amendin	g or adding additional Articles	. enter change(s) here:	
, .ze.	atrach addi	tional sheets, if necessary). (Be	e specific)	
******				,
_				
F.	It an amer	ndment provides for an exchan	ge, reclassification, or cancellationent if not contained in the amen	n of issued shares.
	(If not	applicable, indicate N/A)	THE R POST OFFICE AND AND ADDRESS OF	anten usen.
		·		
				
		, , , , , , , , , , , , , , , , , , , ,		
	_			Marie
	, _	t for the set the set of the set		
_			Page 2 of 3	

FROM :LAZĄRUS

Apr. 23 2009 03:35PM P4

Th	the date of each amendment(s) ad	ption: 04/23/2009
Efi	Effective date if applicable: (no n	ore than 90 days after amendment file date)
Ad	Adoption of Amendment(s)	(CHECK ONE)
Ø	The amendment(s) was/were ado by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amondment(s) icient for approval.
		oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	"The number of votes cast fo	the amendment(s) was/were sufficient for approval
	by	19
	(votin	group)
	The amendment(s) was/were ado action was not required.	ted by the board of directors without shareholder action and shareholder
•	The amendment(s) was/were ado action was not required.	ted by the incorporators without shareholder action and shareholder
	Dated_04/23/2009	Hall Manzo.
	selected, l	ter, president or other officer — if directors or officers have not been an incorporator — if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
		HECTOR CORZO
		(Typed or printed name of person signing)
		VP
		(Title of person signing)

Page 3 of 3