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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:C	OLC HOMES, CORPORATION
DOCUMENT NU	MBER:	P1000007539
The enclosed Artic	les of Amendment and fee are	e submitted for filing.
Please return all co	rrespondence concerning this	matter to the following:
-		MAS DE LA CRUZ
	Na	me of Contact Person
-		Firm/ Company
-	1805 SAN	NS SOUCI BLVD. #313
		Address
· -		TH MIAMI, FL 33181 y/ State and Zip Code
· ——	perma E-mail address: (to be used	r78@aol.com for future annual report notification)
For further informa	tion concerning this matter, p	please call:
TOM	IAS DE LA CRUZ	at (786)274-9986
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 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		Street Address Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of



DLC HOMES, CORPORATION

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

P10000007539

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

A. If amending name, enter the new name of t	the corporation:		
DLC FINISH & DRYW	ALL INSTALLATION, C	ORP.	The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the d name must contain the word "chartered," "profe	lesignation "Corp," "Inc,"	or "Co". A professional	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)		14. 318/13-	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		-
D. If amending the registered agent and/or registered agent and/or the new registered.		lorida, enter the name o	f the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	ress)	
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		accept the obligations of t	the position.
Sio	nature of New Registered A	gent. if changing	

If amending the Officer's 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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
- 10,000 - 			☐ Add ☐ Remove
maketa da kanawa			☐ Add ☐ Remove
	g or adding additional Articles, enter el tional sheets, if necessary). (Be specific		
	dment provides for an exchange, reclassion implementing the amendment if no		
(if not d	applicable, indicate N/A)	•	
			

The date of each amendmen	t(s) adoption: FEBRUARY 24, 2010
Effective date if applicable:	FEBRUARY 24, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	are adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	are adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_FEE	BRUARY 24, 2010
Signature	
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	TOMAS DE LA CRUZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)