P100000 44345

| (Requestor's Name) | | | | | |
|---|----------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

6-22-18



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COVER LETTER

TQ: Amendment Section Division of Corporations DOCUMENT NUMBER: 100000 44345 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; NURRENO Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **■ \$43.75** Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

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

(Additional copy is enclosed)

Certified Copy

(Additional Copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2010

WILFREDO MUNOZ ADRIANA'S TRIM CARPENTRY, INC. 1601 PERKINS ROAD BESKE ISLE, FL 32809

SUBJECT: ADRIANA'S TRIM CARPENTRY, INC

Ref. Number: P10000044345

We have received your document for ADRIANA'S TRIM CARPENTRY, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

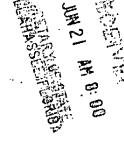
The attached form must be completed in order to file the document.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 310A00014740



Articles of Amendment

to

Articles of Incorporation

| U | of | |
|--|---|------------------------------|
| BUNNING FRI | us corpentry | , INC. |
| (Name of Corporation as curre | ntly filed with the Florida Dept. | of State) |
| | | |
| (Document Num | ber of Corporation (if known) | |
| ant to the provisions of section 607.1006 Iment(s) to its Articles of Incorporation: | 5, Florida Statutes, this Florida Pr | cofit Corporation adopts the |
| amending name, enter the new name of | the corporation: | |
| | | The i |
| must be distinguishable and contain to viation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "prof | designation "Corp," "Inc," or "C | o". A professional corporat |
| ter new principal office address, if appl | icable: | |
| ipal office address <u>MUST BE A STREE</u> ? | | |
| | | |
| | | |
| | | |
| nter new mailing address, if applicable: ailing address <u>MAY BE A POST OFFIC</u> | | |
| aning duaress MAT BE A FOST OFFIC | | |
| | | |
| | | |
| amending the registered agent and/or re | egistered office address in Florida | , enter the name of the |
| | | <u> </u> |
| <u>w registeren agent and/or the new regis</u> | | |
| | | |
| Name of New Registered Agent: | · · | |
| Name of New Registered Agent: | | |
| | (Florida street address) | |
| Name of New Registered Agent: | | Florida |
| | (Florida street address) | , Florida |
| Name of New Registered Agent: New Registered Office Address: | (Florida street address) (City) | , Florida |
| Name of New Registered Agent: New Registered Office Address: Legistered Agent's Signature, if changin | (Florida street address) . (City) g Registered Agent: | (Zip Code) |
| Name of New Registered Agent: New Registered Office Address: | (Florida street address) . (City) g Registered Agent: | (Zip Code) |

Page 1 of 3

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)

| Title U.D. | Mame WILFREDO MUI | JOR 1601 PERHIL POAN BEST 1818 Flor3 | Remove |
|-------------------------|--|--|------------|
| •=== , | | | Add Remove |
| | | | Add Remove |
| E. If amen (attach a | nding or adding additional Article additional sheets, if necessary). (| s, enter change(s) here: Be specific) | |
| | | | |
| | | | |
| provis | mendment provides for an excha ions for implementing the amend not applicable, indicate N/A) | | |
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| The date of each amendment(s) | adoption: 06-14- | -2010 | · : |
|--|---|-------------------------------|---------------------------|
| The date of each amendment(s) Effective date if applicable: | (date of ado | ption is required) | |
| Enective date in applicable: | no more than 90 days after an | nendment file date) | 1. |
| Adoption of Amendment(s) | (CHECK ONE) | • | - |
| The amendment(s) was/were by the shareholders was/were | | The number of votes of | east for the amendment(s) |
| The amendment(s) was/were must be separately provided j | | | |
| "The number of votes ca | st for the amendment(s) was/v | were sufficient for appi | roval |
| by | | ** | • |
| . (1 | oting group) | | |
| The amendment(s) was/were action was not required. | adopted by the board of direc | tors without sharehold | er action and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incorporators | without shareholder ac | tion and shareholder |
| Dated 06 | -14-2010 | _• | |
| | director, president or other of | | |
| | ed, by an incorporator – if in a nted fiduciary by that fiduciar | | , trustee, or other court |
| | | SORIZO name of person signing | g) • |
| | Presiden | <u>.</u> | • |