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O: Amendment Section

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Division of Corporations

AME OF CORPORATION: ______NEW REMODELING, INC.

.

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OCUMENT NUMBER: P10000088238

he enclosed Articles of Amendment and fee are submitted for filing.

lease return all correspondence concerning this matter to the following:

	WILLIAM J ALVAREZ			
	· · · ·	Name of Contact Person		
	NEW REMODELING, INC.			
		Firm/ Company	······································	
	10188 182ND CT SOUTH			
		Address		
	BOCA RATON, FL 33498			
		City/ State and Zip Code	;	
	willos40@gmail.com			
	E-mail address: (to be used for future annual report notification)			
ULLIAM JALVAR	ΈZ	at () 368-0717	
Name of Contact Person		Area Coo	le & Daytime Telephone Number	
nclosed is a check fo	or the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O	. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

EW REMODELING, INC.

10000088238

(Document Number of Corporation (if known)

arsuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to 3 Articles of Incorporation:

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

A	<u> </u>	11 Martin Handler	The r
me must be distinguishable and contain nc.," or Co.," or the designation "Co hartered," "professional association,"	orp," "Inc," or "Co	n," "company," or "incorporated" or the abbrev ". A professional corporation name must co P.A."	nation Corp Intain the wo
r i filo de la como de	C	N/A	
<u>Enter new principal office address, i</u> incipal office address <u>MUST_BE A ST</u>	<u>(REET ADDRESS</u>)		
<u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO)</u>		N/A	
			42
			••••••
If amending the registered agent an new registered agent and/or the new	d/or registered office registered office add	address in Florida, enter the name of the dress:	ů N
Name of New Registered Agent	N/A		
	(Flori	da street address)	
New Registered Office Address;		, Florida	
ren Regimeren office numerin.		(City)	(Zip Code)

hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Theck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and Idress of each Officer and/or Director being added:

(ttach additional sheets, if necessary)

. •

lease note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. resident, Treasurer, Director would be PTD.

hanges 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 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, fike Jones, V as Remove, and Sally Smith, SV as an Add.

nke Jones, v us Kem	ore, and outje .	min, in as an maa.	
xample: <u>X_</u> Change	<u>PT</u> <u>J</u>	ohn Doe	
<u>X</u> Remove	<u>V</u> <u>N</u>	<u>Aike Jones</u>	
<u>X</u> Add	<u>sv</u> s	ally Smith	
<u>'ype of Action</u> Theck One)	Title	Name	Address
) Change	Ð	ARIEL Z GARRIDO	105 WILSON RD #B
X Add			WEST PALM BEACH, FL 33406
Remove			
) Change			
Add			
Remove) Change			
Add			
Remove			<u> </u>
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Add			
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If amending or adding	additional	Articles, enter	change(s) here:

(Attach additional sheets, if necessary). (Be specific)

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

e date of each amendment(s) adoption:

e this document was signed.

fective date if applicable:

by

(no more than 90 days after amendment file date)

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

loption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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

	**
	(voting group)
Dated Signature (By a select	BER 15'UL 2020 director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) WILLIAM J ALVAREZ
	(Typed or printed name of person signing)
	PRESIDENT

.....

(Title of person signing)