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COVER LETTER

TO: Amendment Section Division of Corporations

NAME	OF CORPORATION: MS FINSH & I	DESIGN INC.	
	MENT NUMBER: P11000023330		
The end	closed Articles of Amendment and fee are	submitted for filing.	
Please i	return all correspondence concerning this	matter to the following:	
	ARCO, MARILIN		
		Name of Contact Person	n
		Firm/ Company	
	1162 NW 123RD PATH	, .	
		Address	
	MIAMI, FL 33182	City/ State and Zip Cod	Δ
	ALEVACUADEZ DACTED CO		v
	ALEX@SUAREZ-BASTER.CO E-mail address: (to be	e used for future annual report	notification)
		·	,
For furt	ther information concerning this matter, pl	ease call:	
ARCO	, MARILIN	at (885-9846
	Name of Contact Person		de & Daytime Telephone Number
Enclose	ed is a check for the following amount made	de payable to the Florida Depa	artment of State:
\$35	5 Filing Fee \$\Bigcup \\$43.75 Filing Fee &\Certificate of Status	•	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
गोर. ज्य	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

M S FINISH & DESIGN, INC	
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P11000023330	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Therenew
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	". A professional corporation name must contain the
	FLORIDA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	a and accept the obligations of the position.

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.

X 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	RAYDEL SANTANA	1162 NW 124TH PATH
Add			MIAMI, FL 33182
X Remove			
2) Change	<u>T</u>	OSCAR DIEZ	1162 NW 124TH PATH
X Add			MIAMI, FL 33182
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			•
5) Change			
Add			
Remove			
6) Change			
Add			_
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
··· · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis in the amendment itself:
AYDEL SANTANA WILL NO LONGE	R BE AN OFFICER AND WILL NO LONGER OWN 10% OF THE
OMPANIES SHARES OSCAR DIEZ WI	ILL BE THE NEW TREASURER AND WILL OWN 10% OF THE
OMPANIES SHARES	

•	05/05/16	
The date of each amendment(s date this document was signed.		, if other than the
=	05/05/16	
Effective date if applicable:	13/03/16	
	(no more than 90 day	vs after amendment file date)
Note: If the date inserted in the document's effective date on the		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer		ber of votes cast for the amendment(s)
	approved by the shareholders through for each voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):
	ast for the amendment(s) was/were suf	• •
by	(voting group)	."
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors with	out shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without s	hareholder action and shareholder
05/05/1	()	
Dated	° / / 1	
		-
Signature		
(By	a director, president or other officer -	if directors or officers have not been
	cted, by an incorporator – if in the han-	
	ointed fiduciary by that fiduciary)	, ,
	ARCO, MARILIN	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of per	rson signing)