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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Bathroom Renu, Ir	ec.	
	BER: P11000077082		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Brandy Roberts		
		Name of Contact Perso	n
		Firm/ Company	
	11323 Phillips Pky. Dr. E. St	e. 1	
		Address	
	Jacksonville, FL 32256		
		City/ State and Zip Coc	le
	bathofficemanager@gmail.co	om	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	on concerning this matter, pleas	se call:	
Brandy Roberts		at (234-3943
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Bathroom Renu, Inc.			
(Name of Corporation	as currently filed with t	he Florida Dept. of State)	
P11000077082			
(Documen	t Number of Corporation	(if known)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	latutes, this <i>Florida Profi</i>	it Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
BRI Builders, Inc.			The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc.," o "chartered." "professional association," or the abbrevia	r "Co". A professiona	"incorporated" or the abbreviati il corporation name must conta	on "Corp.,"
B. Enter new principal office address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRI	ESS)		
			
C. Enter new mailing address, if applicable:	,		123
(Mailing address MAY BE A POST OFFICE BOX)	n/a ————		· -
			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered		la, enter the name of the	·, 10: 56
new registered agent and/or the new registered off	<u>ice address:</u>		5 K
Name of New Registered Agent			_
	(Florida street address)		_
New Registered Office Address: n/a		. Florida	
New Regimered Office Address.	(City)		Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a.		ant the obligations of the position	
t hereby accept the appointment as registered agent. Tal	m juminar wiin ana acce	prine obaginions of the position.	
Signatui	re of New Registered Age	ent, if changing	 -
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e), F.S.		

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)

Example:

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	JODY M AMMONS	254 WILLOW WINDS PKY
Add			ST JOHNS FL 32259
Remove 2) Change	VP	CHRISTOPHER AMMONS	5814 SANDSTONE WAY
X Add			JACKSONVILLE, FL 32258
Remove 3) Change			
Add			
Remove 4) Change			
Add	***************************************		
Remove			
5) Change Add			
Remove			
6) Change			
Add Remove			
KCHOVC			

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)	* * * * * * * * * * * * * * * * * * * *	(Be specific)	
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The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/21/202 Dated Signature	adym ammons	
(By a select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	ren court
	Jody M. Ammons	
	(Typed or printed name of person signing)	· · ·
	President	
	(Title of person signing)	