P11000080764

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COVER LETTER

TO: Amendment Section Division of Corporations

PROFFSIO	NAI FRAMING	CORPORATION
NAME OF CORPORATION: PROFESION DOCUMENT NUMBER: P1100008076	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
EMMANUEL ES		
PROFESSIONAL	Name of Contact Perso FRAMING CO	
D 0 D0V 454707	Firm/ Company	
P O BOX 451735		
KISSIMMEE FL :	Address 34745	
	City/ State and Zip Cod	e
mrstar61@hotmail.co	om	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
EMMANUEL ESTRELLA	at (863	, 228-2222
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

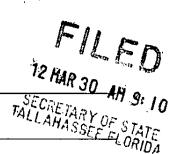
Articles of Amendment to **Articles of Incorporation**

PROFESSIONAL FRAMING CORPORATION

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

P1100008764

(Document Number of Corporation (if known)



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

a. <u>If amending name, enter the new n</u> N/A			Th
ame must be distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or '	'Co". A professiona	
3. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>			
2. Enter new mailing address, if appl		P O BOX	451735
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
		KISSIMME	EE FL 34745
new registered agent and/or the ne	w registered office address	ress in Florida, ente	
	w registered office address EMMANUEL ES	ress in Florida, ente s: STRELLA	
new registered agent and/or the ne	EMMANUEL ES POBOX 4517	ress in Florida, ente s: STRELLA 35	
new registered agent and/or the ne	P O BOX 45173	ress in Florida, ente s: STRELLA 35	r the name of the
	EMMANUEL ES POBOX 4517	ress in Florida, ente s: STRELLA 35	

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 <math>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.

Example: 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>	Address	
1) Change Add Remove	P	MARIO GOMEZ	318 JAMES AVE AUBURNDALE FL 33823 US	
2) Change Add Remove	<u>P</u>	EMMANUEL ESTRELLA	P O BOX 451735 KISSIMMEE FL 34745	
3) Change Add Remove				
4) Change Add Remove	<u></u>			
5) Change Add Remove				
6) Change Add Remove				

(attach t	ding or adding addition addition additional sheets, if nece	ssary). (Be specij	fic)		
I/A					
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
					
····		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
					
		· · · · · · · · · · · · · · · · · · ·			
			·		
provisi	nendment provides for ons for implementing t not applicable, indicate	<u>he amendment if n</u>	ssification, or can ot contained in th	cellation of issued s e amendment itself:	nares,
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption: 03/26/212
Effective date <u>if applicable:</u>	3/26/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was were sufficient for approval
by	(voting group)
	(
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholderaction and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
_{Dated} 03/26	3/2012
Signature	Mario Camer
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	MARIO GOMEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)