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COVER LETTER

Amendment Section Division of Corporations

NAME OF CORPORATION: (175)	em Finisher OF Clea
	9262
DESCRIENT NOWBER:	1864
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Carole	O'Connor
^	Name of Contact Person
Custo	m Finishes of Clearwater, Inc.
4020 5	844 Aue North
St Pete	Shurg FZ 337/4 City/ State and Zip Code
Michael Kr E-mail address: (to be use	only 77 Quhoo d for future annual report notification)
For turther information concerning this matter, please	caii:
Michael Kinne	1/ at (727) 504 -0886
Name of Contact Person	at (727) 504 -0886 Area Code & Dayrime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
S35 Filing Fee	Certified Copy (Additional copy is enclosed) Captified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

<i>J</i> .	Articles of Amendment	
/ *	to Articles of Incorporation	FILED
Custom F	inisher of Cle	arille #28 PH 1-25
(Name of Corporation a	s currently filed with the Florida Dept. of Sta	TALL AHASSEE, FLORID
P 11 0000 89	1262	TALLAMASSICE
(Document)	nt Number of Corporation (if known)	Ø
Pursuant to the provisions of section 607. us Articles of Incorporation:	.1006, Florida Statutes, this Floridu Profit Corp	poration adopts the following amendment
A. If amending name, enter the new n	ame of the corporation:	
		The new
mams must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	stain the word "corporation," "company," or nation "Corp," "Inc," or "Co". A profession ntion," or the abbreviation "P.A."	"incorporated" or the abbreviation
3. Enter new principal office address.	if applicable	
(Principal office address MUST BE A S		
·		
	····	
C. Enter new mailing address, if appli	icable:	
(Mailing address MAY BE A POST		
	-	
 If amending the registered agent are new registered agent and/or the new registered agent are new registered. 	ad/or registered office address in Florida, ent	er the name of the
	W registered office appress.	
Name of New Registered Agent		
	(Florida street address)	
		_, Florida(Zip Code)
New Registered Office Address:		(ZID LOGE)
New Registered Office Address:	(City)	(24 3023)
New Registered Office Address:	. (City)	(Lip Cour)
New Registered Office Address: New Registered Agent's Signature, if o	· · · · ·	(Lip Couls)

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

ich additional sheets, if necessary)

Lease 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.

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>	Name		/	<u>Addres</u> s		
1) Change	CHUSUR	er Mic	hael J	Kinne	4020	57M	AveNod
Add					St Peter:	sturg, F	7
Remove						357K	/
2) Change							
Add							
Remove							
3)Change		·~ <u> </u>	,				
Add							
Remove							
4) Change	·			",, _,			
Add							
Remove							
5) Change		_					
Add				•			
Remove							
6)Change							
Add							
Remove							

m	ichael J. Kinney starting on 2-25-14
beca	me the company treasurer. He now
has	Complete financial decision making
0000	er. To do: banking, open/close accou
nts Cocc	oter tag/tille vehicles with Dept. of
, A	or Vehicles but not limited to
1016	verces not not nimited to
^*	
	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(if not appl	icable, indicate N/A)
Mich	all Kinney is issued 20 shares
equa	ling 20% of company, Michael J.
Kinne	y is the company treasurer.
	<u> </u>

; FDe date of each amendment(s) a	doption: 2-25-14
Effective date <u>if applicable</u> :	2 26.11
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
· ·	- , _ , _ , _ , _ , _ , _ , _ , _ , _ ,
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
I The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	**
,	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 2-	25-14
* Signature	avole D'Connor trustee
selecte	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 need fiduciary by that fiduciary)
11	^
	Carde O'Connor
	(Typed or printed name of person signing)
	trustee_
	(Title of person signing)