P11000098767

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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MAY 2 8 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2019

JAIME MALONEY J A M CUSTOM TRIM INC 4230 DESTE COURT #106 LAKE WORTH, FL 33467

SUBJECT: J A M CUSTOM TRIM INC

Ref. Number: P11000098767

We have received your document for J A M CUSTOM TRIM INC and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 119A00009451

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | 4 Custom TRIM Inc |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: PHO | 0098767 |
| The enclosed Articles of Amendment and fee are | submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| JA | 1mc Maloney Name of Contact Person |
| 4230 Des | Firm/ Company te Ct + 10 0 Address |
| Luken | |
| | e used for future. Innual report notification) |
| For further information concerning this matter, pl | at () |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount ma \$35 Filing Fee | & □\$43.75 Filing Fee & □\$52.50 Filing Fee |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clinon Building 2661 Executive Center Circle |

Tallahassee, FL 32301

| · | Articles of Amen | ament | 1 | | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------|-----------------------------------------|-------------------|------|
| | to | . ' | ₹ | | |
| | Articles of Incorpa | oration | i | | |
| ()AM | Custom | TRIM | INC | | |
| (Name of | Corporation as currently fil | ed with the Florida Dep | o <u>tl of State</u>) | | |
| P 1100 | 00) 987 (07 | | Ĵ | | |
| | (Document Number of Co | rporation (if known) | | | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 006, Florida Statutes, this <i>Flor</i> | ida Profit Corporation : | dopts the follow | ring amendment(s) |) to |
| A. If amending name, enter the new nan | ne of the corporation: | | 4 | | |
| | | • | | The new | |
| name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association | tion "Corp," "Inc," or "Co" on," or the abbreviation "P.A. | . A professional corpor | ration name mu: | st contain the | |
| B. Enter new principal office address, if (Principal office address MUST BE A STI | | | <u> </u> | 15 | |
| <u></u> | · | | | | |
| | | | | ਼ ੜੈਂ ਸ | |
| | - | | 1 | 5 10 | |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of | | | <u>;</u> | | |
| | | | ζ., | ٠ بو | |
| | | | | <u> </u> | |
| | - | | *************************************** | | |
| D. If amending the registered agent and new registered agent and/or the new | | in Florida, enter the na | me of the | | |
| Name of New Registered Agent | JAME | Malone | 4 | | |
| - | 4230 Desk | CF # 10'U | ρ. <u></u> | | |
| New Registered Office Address: | Lákene | th | | 33467 | |
| | (Cit | ייי | - | ip Code) | |

New Registered Agent's Signature, if changing Registered Agent:

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

| address of each Officer Attach additional sheets Please note the officer/d P = President; V = Vice Executive Officer: CFO neld. President, Treasur Changes should be noted to change, Mike Jones le Mike Jones, V as Remov | and/or Director being added: i, if necessary) frector title by the first letter of the office President; T= Treasurer; S= Secretary = Chief Financial Officer. If an office or, Director would be PTD. I in the following manner. Currently Jo | e title; v; D= Director; TR = Tru; v/director holds more tha hn Doe is listed as the PS | rector being removed and title, name, and stee; C * Chairman or Clerk; CEO = Chief on one title, list the first letter of each office T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E xample: - <u>X-</u> Change | PT John Doe | | |
| X Remove | <u>V</u> <u>Mike Jones</u> | | |
| X Add | SV Sally Smith | | 1 |
| Type of Action Check One) | <u>Title</u> <u>Name</u> | | Address |
| Change Add | P JAIME | Mendez | 42/30 Desk at #106 |
| Remove | | | 3572447 |
| 2) Change Add Remove | 1 JAIME | Mulones | 4200 Desk C1 #10p Laigunto , F1. 33467 |
| 3) Change Add | | | • |
| Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add | | | |
| Remove | | | · - · · · - · - · - · · · · · · · · · · · · · |
| 6) Change Add | | ······································ | |
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Remove

| | adding additional Artical sheets, if necessary). | | e <u>(s) here</u> : | ı | |
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| The date of each amendment(s) adoption: | | ther than the |
| Effective date if applicable: | In the state of th | |
| (no more than 90 days after amena | ament jue aate) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | ng requirements, this date will not be | listed as the |
| Adoption of Amendment(s) (CHECK ONE) | : | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes e by the shareholders was/were sufficient for approval. | cast for the amendment(s) | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on | • | |
| "The number of votes east for the amendment(s) was/were sufficient for app | proval | |
| by | | |
| (voting group) | | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholds action was not required. | ler action and shareholder | |

Signature

(By a director, president or other officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder

action was not required.

(Typed or printed name of person signing)

President (Title of person signing)