P11000103700

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COVER LETTER

TO: Amendment Section **Division of Corporations** Brothers And Friends Renovations Inc NAME OF CORPORATION: **DOCUMENT NUMBER** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Salatiel S De Matos Name of Contact Person Firm/ Company 19 Yale St Address West Harttford, CT 06110 City/ State and Zip Code brothersandfriendsrenovationsinc@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sal de Matos Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Amendment Section
Division of Corporation:
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BROTHERS AND FRIENDS RENOVATIONS	INC
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(Name of Corneration as	currently filed with the Florida Dept. of State)	35 Bu		9-2
P11000103700	surreapy med with the 2 to lab bept. or State)		رنع	
(Document N	umber of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the foll	owing ame	ndmen	ıt(s) to
A. If amending name, enter the new name of the corpora	tion:			
NIA		The	new	
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A professional corporation name i		ation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS			·	
				
C. Enter new mailing address, if applicable:	10 VALE STREET			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	19 YALE STREET	 		
	WEST HARTFORD			
	CT 06110			
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:			
Name of New Registered Agent NA				
(Fi	lorida street address)			
New Registered Office Address:	Florida, Florida			
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the posit	ion.		
Signature o	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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change			MARIALVA S DE MATOS	340 MADISON ST
Add				FREDERICK, MD 21701
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Pamana				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NIA
F. If 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)
NIA .

12/01/2015	
The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 N/A (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/01/2015 Dated	
Signature Alla Garage Cathy	
(By/a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SALATIEL S DE MATOS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	,