9/29/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | Division of Co | rporations | | | | |
| | Fax Number | | | | | |
| | Fax Number | : (926)01/+0290 | | 1. S. | 2 | |
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| From: | | | | | | |
| | Account Name | : UNION HSA LLC | | 2 . A | SEP | |
| | Account Number | : 120150000070 | | INRY MASSE | - O | 77 |
| | Phone | : (954)770-6227 | | Sec. | ŝ | |
| | Fax Number | : (954)369-4446 | | m-< | 0 | · · · · |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN REAL TRIM WOODWORK, INC.

Electronic Filing Menu

Corporate Filing Menu

Articles of Amendment to Articles of Incorporation of

Real Trim Woodwork, Inc.

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

P12000044555

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

| B. Enter new principal office address, if applicable: | | 1 | |
|---|---|----------|--------|
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 22 22 21 21 21 21 21 21 21 21 21 21 21 2 | SEP | -71 |
| | ARX | 30 | Ē |
| C. Enter new mailing address, if applicable: | | M | m O |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>دی ہے</u> | <u> </u> | |
| | | 2 | |
| | | on an | |

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

| (FIOTIDA STREET DADRESS) | |
|--------------------------|--------------------------------|
| | . Florida |
| (City) | (Zip Code) |
| | |
| stered Agent: | |
| | e obligations of the position. |
| | ttered Agent: |

Signature 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)

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7.

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. **Example:**

| <u>A</u> Change | PT | John Doe | |
|-------------------------------|--------------|---------------------------|-------------------------|
| X Remove | Y | <u>Mike Jones</u> | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address . |
| 1) Change | | | |
| bbA | | | · · · · |
| Remove | | | |
| 2) Change | D | Carlos Alberto Dos Santos | 2129 N Rock Island Road |
| X Add | | · · | Margate, FL 33063 |
| Remove | | | , |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | `•• | | |
| Remove | | | |
| 5) Change | | | |
|)/ Cuange / | | | |
| Remove | · | | |
| | | | |
| δ) Change | | | <u> </u> |
| Add | | | |
| Remove | | | ,,,,,,, _ |
| · · · | | Page 2 of 4 | |

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

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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)

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| ate this document was sig | 09/29/2016 ent(s) adoption:, if other than (ned. |
|--|---|
| ffective date <u>if applicabl</u> | |
| Alecuve Gale <u>II applicati</u> | e: |
| lote: If the date inserted ocument's effective date (| in this block does not meet the applicable statutory filing requirements, this date will not be listed as t on the Department of State's records. |
| doption of Amendment(| s) (<u>CHECK ONE</u>) |
| The amendment(s) was/ by the shareholders was | were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| The amendment(s) was/ must be separately prov | were approved by the shareholders through voting groups. The following statement rided for each voting group entitled to vote separately on the amendment(s): |
| "The number of ve | otes cast for the amendment(s) was/were sufficient for approval |
| by | |
| | (voting group) |
| | |
| action was not required. | were adopted by the incorporators without shareholder action and shareholder $ \frac{2}{3} \frac{1}{29} \frac{1}{20} \frac{1}{6} $ |
| action was not required. | 9/29/2016 |
| action was not required. | |
| action was not required. | 9/29/2016 (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 |
| action was not required. | 9/29/2016 (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) |
| action was not required. | 9/29/2016 (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) Edouard Ferran De Abreu |
| action was not required. | 9/29/2016 (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) Edouard Ferran De Abreu (Typed or printed name of person signing) |
| action was not required. | 9/29/2016 (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) Edouard Ferran De Abreu (Typed or printed name of person signing) Vice President |
| action was not required. | 9/29/2016 (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) Edouard Ferran De Abreu (Typed or printed name of person signing) Vice President |
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