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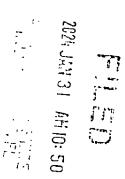
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Executive Carpentry INC P12000065501 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Reardo Cabrera Name of Contact Person Executive Caspentry 4100 CONPONATE 59 # 135 Naples FL 34104

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ricardo Cabrera at (239) 6017975

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■\$43.75** Filing Fee & □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles	of	Incorpo	ration
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FILED

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Executive Caupentry (Name of Corporation as cyr	INC	2024 JAN 3	1 63110 00
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State	7 - 101 50
P12000065501			
(Document Num	ber of Corporation (if kn	own)	· C
	•		
rsuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	this <i>Florida Profit Corp</i>	oration adopts the to	ollowing amendmer
Afficies of fikolporation.			
If amending name, enter the new name of the corporatio	<u>n:</u>		
Executive Custom Bu	ildens inc		The new
me must be distinguishable and contain the word "corporation nc.," or Co.," or the designation "Corp," "Inc," or "Co hartered," "professional association," or the abbreviation "i	n," "company," or "inco ". A professional corp	rporated" or the abb	reviation "Corp.," contain the word
Enter new principal office address, if applicable:			
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	٨	11 A	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		. 	
	N	1/4	
If amending the registered agent and/or registered office	address in Florida, ent	er the name of the	
new registered agent and/or the new registered office add	dress:		
Name of New Registered Agent			
		.11	
		1114	
(Flori	da street address)	<i>11 /1</i>	
	da street address) 📗 🔨	7/71	
(Florid New Registered Office Address:	da street address) \(\bigce\)	, Florida_	(Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			·
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Remove Change		//	
Add			
Remove			
4) Change			
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6) Change			
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ttach additional sheets, if neces	sary). (Be specific)	<u>here</u> :		
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an amendment provides for a	n exchange, reclassification,	or cancellation of issu	ed shares,	
rovisions for implementing the (if not applicable, indicate in the control of the	<u>le amendment 11 not contain</u> MA)	ea in the amenament i	<u>isen:</u>	
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The date of each amendment(s) adoption: 1-18-2024 date this document was signed.	, if other than the
Effective date if applicable: 1-18-2024 (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 will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
☐ 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"	
(voting group)	
Signature (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)	_
(Typed or printed name of person signing)	
•	
(Title of person signing)	
(Title of person signing)	