P12000104402

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TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: LEYVA FRAMING INC P12000104402 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for tiling. Please return all correspondence concerning this matter to the following: LESLIE DIAZ Name of Contact Person

BEST QUICK TAX RETURNS INC Firm/ Company

320 SOUTH BUMBY AVE . SUITE 10

Address

COVER LETTER

ORLANDO FL 32803

City/ State and Zip Code

BQITR@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLIE DIAZ

Name of Contact Person

at (<u>407</u>) <u>896-7921</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🖹 \$35 Filing Fee

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□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation of

LEYVA FRAMING INC

(Name of Corporation as currently filed with the Florida Dept. of State) 2029 C 10 FM 1:31 P12000104402

(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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

4409 HOFFNER AVE SUITE 407

ORLANDO, FL 32812

4409 HOFFNER AVE SUITE 407

ORLANDO ,FL 32812

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:

<u>Name of New Registered Agent</u>		
	(Florida street address)	
New Registered Office Address:	4409 HOFFNER AVE SUITE 407 ORLANDO	Florida 32812
	(City)	(Zip Code)

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

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

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)

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:

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<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
$1) \mathbf{X}_{Change}$	<u>P</u>	ASBEL L JIMENEZ	4409 HOFFNER AVE SUITE 407
Add			ORLANDO , FL 32812
Remove			
2) Change			
Add			·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u>-</u>
Add			<u> </u>
Remove			
б) Change	<u> </u>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) ad	loption:		
Effective date <u>if applicable</u> :			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were sub	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.		
□ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast I	for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder		
Dated 07/10/	20		
Signature 57	2:1		

(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)

;

PRESIDENT

(Title of person signing)