## P130000 15513

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S. YOUNG

## COVER LETTER\*

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SERRANO RENO	VATIONS INC	
	BER: P13000015513		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Picase return all corres	pondence concerning this ma	tter to the following:	
	GILVAM F DOS SANTOS		
		Name of Contact Person	1
	GFS TAX & ACCOUNTIN	G SERVICES	
		Firm/ Company	
	2001 W CYPRESS CREEK	RD STE 102 B	
		Address	
	FT LAUDERDALE FL 3330	99	
		City/ State and Zip Code	e
INFO	@GFSTAXACCT.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	a concerning this matter, pleas	se call:	
GILVAM F DOS SANTOS		954 at (	9573244
Name of Contact Person Area Code & Daytime Te		de & Daytime Telephone Number	
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SERRANO RENOVATIONS INC

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P13000015513	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<b>高</b> 6
	3-
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>is:</u>
Name of New Registered Agent	
(Florida s	treet address)
V 20 1 100 111	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		DIMAS M SERRANO FILHO	9102 BEDFORD DR
X Add				BOCA RATON, FL 33434
Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change	••	_		
Add				
Remove				
5) Change		_		
Add				
Remove				42-7/
δ) Change				
Add				
Remove				

(Attach ad	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
/A		
	4	
,		
If an ame	endment provides for an exchange, reclassification, or cancellation of issued shares,	
provisio	ns for implementing the amendment if not contained in the amendment itself:	
( <i>t) n</i> e A	ot applicable, indicate N/A)	
<del></del>		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
hy	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
■ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
	BER 12,2019	
Dated Signature	W Serraw	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	SERRANO, DIOGO D	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	