P13000021995

•
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2013 APR 15 AHII: 03
SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	CARDON ER: P13000021	IA INTERIOR, 995	INC
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
•	JAIRO CARDO	ONA	
<u>-</u> <u>(</u>	CARDONA IN	Name of Contact Persor	1
<u>;</u>	5380 ELAINE	Firm/ Company CIRCLE	
,	NEST PALM E	Address BEACH FL 33	417
_		City/ State and Zip Code	2
elm	aosis@gmail.d	com sed for future annual report	and fine the N
	E-mail address: (to be us	sed for future annual report	nouncation)
For further information	concerning this matter, pleas	se call:	
JAIRO CAR	DONA	_{at (} 561	254-4859
Name of Contact Person		at (561) 254-4859 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

CARDONA INTERIOR, INC

P13000021995	currently filed with the Florida Dept.	<u>of State</u>)	
	t Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this Florida Prof	It Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ution "Corp," "Inc," or "Co". A proj		
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (
			
D. If amending the registered agent an		da, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	JAIRO CARDONA		
	5380 ELAINE CIRC	LE	
	(Florida street address)	00447	
New Registered Office Address:	WEST PALM BEAC	SH, Florida 33417 (Zip Code)	 -
	(5.13)	(24)	
New Registered Agent's Signature, if cl	anging Registered Agent:		2013 SEC
I hereby accept the appointment as registe		ept the obligations of the position	on.
- Hetel	W lenke		(A) 22
Sig	nature of New Registered Agent, if char	ıkınk	المعاشمين أستأران
			والمستعور الأثاب ورائسوا
			22 -

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 = Prosident; 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	PT John	n Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	LILIANA CARDONA	5380 ELAINE CIRCLE	
Add			WEST PALM BEACH FL 33417	
X Remove				
2) Change	Р	JAIRO CARDONA	5380 ELAINE CIRCLE	
$\frac{X}{X}$ Add			WEST PALM BEACH FL 33417	
Remove				
3) Change	<u>VP</u>	ALEXANDER GONZALEZ	5380 ELAINE CIRCLE	
Add			WEST PALM BEACH FL 33417	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
•	
	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor approach, manage vint)	

The date of each amendment(s) a	doption: 04/01/2013
Effective date if applicable: 04	1/01/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	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 reach 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)
	(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 ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	11/13
solecte	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)
	JAIRO CARDONA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CARDON		INC
DOCUMENT NUMBER: P130000219	995	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
JAIRO CARDO	NA	
CARRONA INI	Name of Contact Persor	l
CARDONA INT	<u> </u>	
FOOD EL AINE	Firm/ Company	
5380 ELAINE (CIRCLE	
14/507 5 4 1 4 5	Address	
WEST PALM E	BEACH FL 33	417
	City/ State and Zip Code	•
elmaosis@gmail.d	com	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
JAIRO CARDONA	at (561	254-4859
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$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		Address
	Amendment Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
Amendment Section Division of Corporations P.O. Box 6327	Street Amend Divisio Clifton 2661 E	is enclosed) Address ment Section n of Corporations Building xecutive Center Circle