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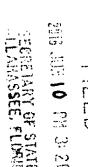
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DF	COASTAL WOOD CONTRACTORS CO	R
DOCUMENT NUMB	er: <u>P1300</u>	200 43 450	
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
		Name of Contact Person	
•		Firm/ Company	
	1823 K	reenland circle	
	West	Address Palm Beach 1 FL 33415 City/ State and Zip Code	
	E-mail address: (to be us	randez 24@gmail.com used for future annual report notification)	
For further information	concerning this matter, pleas	ase call:	
Dun ja Name o	Fernande 2 f Contact Person	at (561) 29453 78 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
` Mail	ing Address	Street Address	

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

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

Articles of Amendment to Articles of Incorporation

(Name of Corpora	tion as currently filed with the Flo	orida Dept. of State)	P
P1300	00 43450		
(Doct	ument Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Floritis Articles of Incorporation:	ida Statutes, this <i>Florida Profit Cor</i>	poration adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co". A profession		
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL)	
C. Enter new mailing address, if applicable:		7.00 F.C F.C F.C F.C F.C F.C F.C F.C F.C F.C	
(Mailing address <u>MAY BE A POST OFFICE B</u>			OF STORY
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ter the name of the	2 B
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	ip Code)
	(City)	(2	ip Coae)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		obligations of the position	n .
Sic	gnature 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 D	<u>oe</u>	
X Remove	Y	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One) 1) Change	Title	—	Name Érick Gerson Everaldo Jimenez Gomez	Address 513 Perry Ave Greenacres, FL
Add Remove				<u>33463-2035</u>
2) Change				
Add				
Remove				
3) Change		_	· ·	
Add	,			
Remove				-1017
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Changa				
6) Change	•		· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

If amending or adding Attach additional sheet	additional Artic s, if necessary).	les, enter change(s (Be specific)	<u>) here</u> :		
					
	N/A				
	• •				
- 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	-				
			·············		
					
					n
f an amendment prov	ides for an eycha	nge reclassificatio	n or cancellation	on of issued she	arae
provisions for implen	nenting the amend	dment if not conta	ined in the ame	ndment itself:	11 (5)
(if not applicable,		า			
	N/A	<u> </u>			
1			•	· · · · · · · · · · · · · · · · · · ·	
			<i>:</i>		

The date of each amendment(s) adoption:	, if other than the
uate this document was signed.	
Effective date <u>if applicable</u> : 06/07/16	
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	•
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	•
The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated 06/07/16	
Dated 06/07/16 Signature Dunia Verna	
(By a director, president or other officer ∠ If direction	ctors 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)	
Dunia Fe	inandez
(Typed or printed name of per-	son signing)
Presio	Vent
(Title of person sig	gning)