P130000 43591

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NAVARRO REM	ODELING INC		
DOCUMENT NUMBI				
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:		
F	PILAR NAVARO			
		Name of Contact Perso	n	
_		Firm/ Company		
1	0113 N Aster Ave			
	Address			
<u> </u>	ampa, FL 33612			
	City/ State and Zip Code			
Į.	rilarn1005@icloud.cc)M		
_	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
PILAR NAVARRO		at (813	846-5883	
Name of	Contact Person	Агеа Со	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NAVARRO REMODELING INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000043591	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing amendment(s)
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 abbr "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	eviation "Corn"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	-3
	7120
	
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:	٠, ,
Name of New Registered Agent	<u>=</u> :
	ښ
(Florida street address)	2
New Registered Office Address:, Florida, Florida,	(Tim Conta)
(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 pos	ition.
Signature of New Registered Agent, if changing	·
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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	SEC	JULIO A DE JESUS ABREU	10113 N Aster Ave
X Add´		——————————————————————————————————————	Tampa, FL 33612
Remove			
2) Change	SEC	ROSEVELT TRINIDAD SOSA	10113 N Aster Ave
Add			Tampa, FL 33612
X Remove / Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 -	_	
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Arti ets, if necessary).	(Be specific)			
					
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			<u></u>		
		 			
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				_	
<u>in amendment pro</u>	<u>vides for an exch</u>	ange, reclassifica	tion, or cancella	tion of issued shares,	
<u>ovisions for implei</u>	menting the amer	ndment if not con	tained in the an	nendment itself:	
(if not applicable,	, indicate N/A)				
					
		<u>.</u>			<u>-</u>
	 				
	_				

,

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
- 1	(no more than 90 days after ar	nendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory partment of State's records.	filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of direct	ors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vo	otes cast for the amendment(s)
must be separately provided for	roved by the shareholders through voting greach voting group entitled to vote separately for the amendment(s) was/were sufficient for	y on the amendment(s):
by	or the amendment(s) was/were surnetent to	or approval
o,	(voting group)	·
Sciected	rector, president or other officer – if director, by an incorporator – if in the hands of a red fiduciary by that fiduciary)	rs or officers have not been ceiver, trustee, or other court
	PILAR NAVARRO	
	(Typed or printed name of person	n signing)
	PRESIDENT	
	(Title of person signing)	