613000019160

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FINISH BY DOCUMENT NUMBER: P1300007216	FUENTES INC			
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	atter to the following:			
PA	AULINO FUENTE	ES		
FIN	Name of Contact Persor			
12	•			
127 JOHNSON CT Address NAPLES FL 34104				
CODOO	City/ State and Zip Code			
	SERVICES@AOL used for future annual report			
For further information concerning this matter, plea	ase call:			
PAULINO FUENTES	_{at (} 239	, 280-9665		
Name of Contact Person	Area Co	de & 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 & 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 Tallahossee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building		

Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FINISH BY FUENTES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P13000072160

(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

me must be distinguishable and contain the corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co". A	mpany," or "incorporated" o professional corporation nam	r the ab
Enter new principal office address, if applic incipal office address <u>MUST BE A STREET</u>			
Enter new mailing address, if applicable:	- BAVI		
(Mailing address <u>MAY BE A POST OFFICE</u>			
			<u></u>
		Florida, enter the name of the	<u> </u>
new registered agent and/or the new register		lorida, enter the name of the	
If amending the registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent		Florida, enter the name of the	
new registered agent and/or the new register			
new registered agent and/or the new register	ered office address: (Florida street addre	ess) , Florida	
Name of New Registered Agent	ered office address; (Florida street addre	ess)	Code)

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 <math>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 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	S	JOSE NAVARRO	4021 34TH ST SW
Add			LEHIGH ACRES FL 33976
Remove			
2) Change	<u>,</u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
-			
6) Change			
Add			
Remove			

		itional sheet:	-	•			
)D	NEW	OFFICE	R (SECR	RETARY)	JOSE	NAVARRO	
			-				
		<u>-</u>					
			<u>. </u>		_ 		
							
					, <u></u>		
							
							
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	·····						
	ın amer	<u>idment prov</u> s for implex	<u>vides for an</u> menting the	<u>1 exchange,</u> 2 amendmei	reclassificant if not cou	tion, or cancellation of issued shares, tained in the amendment itself:	
If a	rovision						
If a		t applicable,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
If a		t applicable,	, marcaro ,				
If a		t applicable,					
If a		t applicable,					
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If a		t applicable,					
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If a		t applicable,					
		t applicable,					

The date of each amendment	(s) adoption: 10/28/2014	, if other than the
date this document was signed		
Effective date if applicable:	10/28/2014	
in in the same in	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wel action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	28/2014	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	PAULINO FUENTES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	