P13000087184

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MC 11-13-13 Dc

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>ONE STATE</u>	RESTORATION I	NC
DOCUMENT NUMB	ER:P1300008	7184	
The enclosed Articles of	f Amendment and fee are si	abmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	м 7	MILET CAMCUAET	
-	MA	Nume of Contact Person	n
	1 STAT	TE RESTORATION	INC
-		Firm/ Company	
	18495	S DIXIE HWY #3	30
-		Address	
	MIAMI	FL 33157	
_		City/ State and Zip Cod	e
	11127	caballero@aol.c	.com
		sed for future annual report	
For further information	concerning this matter, pleas	se call:	
JOSE	J. QUIROS	at (305 4	95-4838
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 & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 lassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ONE STATE R	ESTORATION	INC		J. 14 🙎 🚿
(Name of Corporation as current	tly filed with the F	lorida Dept. of State)		
P1300008	7184			رِيُّ جَ
(Document Numb	er of Corporation (i	f known)		N. J. J.
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this	Florida Profit Corporation :	adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	he corporation:			
1 STATE REST	ORATION INC	c		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "	Co". A professional corpo		
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)	N/A		
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent Name of New Registered Agent	ered office address		me of the	
	(Florida stre	eet address)	_	
	(1 10/144 51/	cer udar casy		
New Registered Office Address:		, Florida	a	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		vith and accept the obligation	ns of the position.	
signature o	oj wew Kegisierea A	izeni, ij cnanging		

	ONLY ONE AMENDING.
	CHANGE ONE TO NUMBER 1.
f an am	endment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
provisio	ons for implementing the amendment if not contained in the amendment itself:
provisio	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
provisio	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
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provisio	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
provisio	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
provision	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)

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 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		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			-
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) ad	loption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated NO Signature	V 1, 2073
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	MANUEL SANCHEZ Tres.
	THINGE CHICAGO
	(Typed or printed name of person signing) Act CLA
	(Title of person signing)