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17 DEC 11 AH 11:57

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: CVP REMODELI	NG INC		
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	TANIA E ESPINOZA			
-		Name of Contact Persor	 1	
	CVP REMODELING INC			
-		Firm/ Company	·	
	2829 DELCREST DR			
•		Address		
	ORLANDO FL 32817			
-		City/ State and Zip Code	3	
ameri	cataxservices@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
TANIA E ESPINOZA		at (
Name o	Name of Contact Person Area Code & Daytime Telephone Nu		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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address iment Section on of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation οf

17 DEC 11 AH 11: 57

CVP REMODELING INC	IADLANDA LA LAR
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P14000046564	
(Document I	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
na rutteles of meorpotation.	
A. If amending name, enter the new name of the corpor	<u>ration:</u>
	The new
	orporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u> </u>
· ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered o new registered agent and/or the new registered offic	
Name of New Registered Agent	
	(Florida street address)
Van. Businessad Offices + Identity	Cloude
New Registered Office Address:	, Florida
	,
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	e 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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	P	MANRIQUE CAROLA A	643 TRAIL END CIR		
Add			2829 DELCREST DR		
X Remove			ORLANDO FL 32817		
2) Change	0	ESPINOZA TANIA E	2829 DELCREST DR		
Add			ORLANDO FL 32817		
X Remove					
3) Change	P	ESPINOZA TANIA E	2829 DELCREST DR		
X Add			ORLANDO FL 32817		
Remove					
4) Change	О	MANRIQUE CAROLA A	2829 DELCREST DR		
X Add			ORLANDO FL 32817		
Remove					
5) Change					
Add		_	,		
Remove					
6) Change		_			
Add					
Remove					

(Attach additional sheets, if necessary).	ticles, enter chan (Be specific)				
					
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If an amendment provides for an exc	hange, reclassific	ation, or cancella	ation of issued s	hares,	
provisions for implementing the ame (if not applicable, indicate N/A)	<u>enament ii not ca</u>	<u>intained in the ar</u>	<u>nenament itseir</u>	<u> </u>	
					_
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			_		
					
					

	12/01/2017	
The date of each amendment(s): date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were accion was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated $\frac{12}{6}$	Mola Manply	
Simpoture	LANGE MANIFALL	
(By T select	director, president or officer – if directors or officers have not been sed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	CAROLA A MANRIQUE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	