## P14000064484

(Re	equestor's Name)	<del></del>
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE

OLEWIS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Reiter  DOCUMENT NUMBER: 1400004	Remodeling.	Inc.	
DOCUMENT NUMBER:	64484		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Michael TR	Name of Contact Person  Veling Inc.,  Firm/ Company		
Reiten Renad	lelihar la		
714757 144	Firm/ Company		
1110 11	1 mile company		
6615 Nin	a Rosa In.	***	
4 / .	Address		
Orlando, 1	FL 32819		
	Firm/ Company  Address  City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael Tray Reiter	at ( <u>407</u> ) Area Code &	595 - 2316	
Name of Contact Person	Area Code &	Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (Additional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Add	ress	
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle		itive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 IUN 30 AM 8: 45

Reiter Karrodeling Im.	15 JUN 30 MIT 0
Reiter Kernsdeling Inc.  (Name of Corporation as current)  P14000064484	y filed with the Florida Dept. of State)
714000064484	
(Document Number of	f Corporation (if known)
cursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " Ford "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
ner negrative Office nauresa.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar to	
петео у иссерт те ирротитет из тедиметей идет. Тит јитишт	чин ана иссері те однушнова ој те рознот.
Signature of New I	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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Iones</u>	
X Add	SV Sally	<u> / Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\mathcal{D}$	David Genzalez	Orlando, FL
Add			
Remove			32819
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).'	(Be specific)
·	
<del></del>	
F. If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
<del></del>	

The date of each amendment(s) ad	option: 6-20-2015		if other than the
date this document was signed.	6-20-2015	SECRETARY DIVISION OF CO	OF STATE ORPORATIONS
Effective date if applicable:	(no more than 90 days after	amendment file date) 15 JUN 30	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutor		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of valicient for approval.	otes cast for the amendment(s)	
, .	roved by the shareholders through voting grach voting group entitled to vote separate		
	or the amendment(s) was/were sufficient f	• •	
by Michael	(voting group)	,n	
	(voting group)		
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shar	eholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators without sharehol	der action and shareholder	
Dated_ 6	20-2015		
Signature <u></u>	5 13-		
(By a di selected	rector, president or other officer – if direct , by an incorporator – if in the hands of a		
appointe	ed fiduciary by that fiduciary)		
	Michael Troy Rei	ter	
	(Typed or printed name of pers	on signing)	
	Pres.		
	(Title of person sig	ning)	