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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION: FLORIDA BLOCI	K CARPENTRY INC	
DOCUMENT NUMBER			
The enclosed Articles of A		bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
MA	ARIA C SANCHEZ		
		Name of Contact Person	 1
FL	ORIDA BLOCK CARPE	NTRY INC	
<del></del>		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
316	W PALM DR, SUITE 12	27	
_	<del>- 114 11</del>	Address	
FL	ORIDA CITY, FL 33034		
_		City/ State and Zip Cod	e
PRONTO	CONSULTING@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
MARIA C SANCHEZ		at (	de & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number			de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	□S43.75 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 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FLORIDA BLOCK CARPENTRY INC

(Name	of Corporation as currently filed with the Florida Dep	t. of State)
P14000092985		<del></del> :
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corporation ac	dopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	stain the word "corporation," "company," or "incorporation "Corp," "Inc," or "Co". A professional corporation," or the abbreviation "P.A."	The new orated" or the abbreviation attended attended to the attended attended to the attended
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST  ). If amending the registered agent as		me of the
new registered agent and/or the ne	w registered office address:	
Name of New Registered Agent	MARIA C SANCHEZ	· · · · · · · · · · · · · · · · · · ·
	316 W PALM DR, SUITE 127	
	(Florida street address)	
New Registered Office Address:	FLORIDA CITY	33034 , Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if c	thanging Registered Agent: tered agent. I am familiar with and accept the obligation  ((()))	ns of the position.

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	JUAN C GARAY	316 W PALM DR
Add			SUITE 127
X Remove			FLORIDA CITY, FL 33034
2) Change	VP	MARIA C SANCHEZ	316 W PALM DR
Add			SUITE 127
X Remove			FLORIDA CITY, FL 33034
3 ) Change	P	MARIA C SANCHEZ	316 W PALM DR
X Add			SUITE 127
Remove			FLORIDA CITY, FL 33034
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Parnova			

If an amendment provides for an exchange, re provisions for implementing the amendment (if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)	not contained in the a	mendment itsel	<u>f:</u>
		<del></del> -	
			· · · · · · · · · · · · · · · · · · ·

	10/02/2017	
The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	<del>-</del>
	(no more than 90 days after amendment fite date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, e Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amene sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(	
	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareho	lder
10/02/2 Dated	017	
Signature		
sel	a director, president or other officer – if directors or officers have no ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	MARIA C SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	