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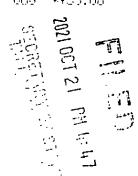
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FLORIDA BLO	CK CARPENTRY, INC			
DOCUMENT NUMBER:	P14000092985				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
		JUAN C GARAY			
	·	Name of Contact Perso	n		
	FLOR	RIDA BLOCK CARPENTRY, INC			
	-	Firm/ Company			
	316 W PALM DR. STE 127				
		Address			
	FLORIDA CITY, FL 33034				
		City/ State and Zip Cod	e		
	AJM.A	CCOUNTING@ICLOUE).COM		
E-ma	il address: (to be us	sed for future annual report	notification)		
For further information concerning	na this matter, pleas	se call:			
of further information concerns	ig mis matter, prea.	se can.			
JUAN C GARAY		786	738-4284		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Florida Dep	artment of State:		
_	3.75 Filing Fee & tificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Se Division of Co		Amendment Section Division of Corporations			
P.O. Box 6327	-	The Centre of Tallahassee			
Tallahassee, FI	J 32314	2415 N. Monroe Street. Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

FLORIDA BLOCK CARPENTRY, INC.

2021 OCT 21 PH 4: 47

to

(Name of Corporation	on as currently filed with the Fl	orida Dept. of State) ETHEN OF CTATE
	P14000092985	TALL THE STEP SHE
(Docum	nent Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	i Statutes, this Florida Profit Cor	poration adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
		The
name must be distinguishable and contain the word "co"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional cor,	orporated" or the abbreviation "Corp" poration name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	
	<u> </u>	
D. If amending the registered agent and/or register		ter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	Florida(Zip Code)
	(3.3.)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the	obligations of the position.
The second secon	/-	
Sign	ature of New Registered Agent, if	changing
<i>□.</i> g		G G

Check if applicable

 \Box The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	MARIA C SANCHEZ	316 W PALM DR		
Add	-		STE 127		
X Remove			FLORIDA CITY, FL 33034		
2) X Change	VP	JOSE M GARAY	30504 SW 154 CT		
Add			HOMESTEAD, FL 33033		
Remove 3) Change					
Add					
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Ramova					

it amending of a	dding additional Articles,	enter change(s) he	<u>re</u> :		
Auach adainonal	sheets, if necessary). (B)	e specific)			
			· - '		
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If an amandman	t provides for an exchang	a radioscification o	ar concellation of icc	nod charac	
nrovisions for i	mplementing the amendm	ent if not contained	in the amendment	itself:	
(if not appli	cable, indicate N/A)				
			 :		
		<u>-</u>			
				~	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days o	fier amendment file date)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by	
(voting group)	
Dated 10/15/21	
(By a director, president or other officer – if a selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
JUAN C GARAY	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person signing)	