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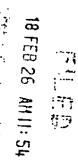
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R. WHITE
FEB 28 2018



COVER LETTER

TO: Amendment Section

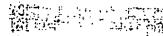
Division of Corporations	
_	iet Custom Carpentry Inc
DOCUMENT NUMBER:	3
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Card	Name of Contact Person
<u>Paisque</u>	Firm/ Company Carpentry Ivic
<u>555'7</u>	Bay Locicon Circle JAddress O FL 326191 City/ State and Zip Code
Orland	0 FL 325191
	City/ State and Zip Code
E-mail address: (to be us	ocd for future annual report notification)
For further information concerning this matter, pleas	se call:
Carolon Bousquet	at (331) Stort - C. 80 (c Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314	Clifton Building 2661 Executive Center Circle
	··· · · · · · · · · · · · · · · · · ·

Tallahassee, FL 32301

FLED

Articles of Amendment to

18 FEB 26 AH II: 54 Application products and appropriate



Artick	es of incorporation of	
Bousquet Custom	Carpertry -	Ive
	currently thea with the FR	orida Dept. of State)
P1500009006		
(Document No	umber of Corporation (if kn	own)
rsuant to the provisions of section 607,1006, Florida Statut Articles of Incorporation:	tes, this <i>Florida Profit Corp</i>	poration adopts the following amendment
If amending name, enter the new name of the corpora	tion:	
		The new
ime must be distinguishable and contain the word "cor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc ord "chartered," "professional association," or the abbrev	c," or "Co". A profession	r "incorporated" or the abbreviation
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>5557</u>	Pay Logoon Cic
	Oxla	vide FL 32819
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u>55511</u>	Bay Lagoon Cir.
	Orland	16 FL 32819
If amending the registered agent and/or registered off new registered agent and/or the new registered office		er the name of the
Name of New Registered Agent		
	orida street address)	
	oriaa sireel aaaressy	
New Registered Office Address:	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered		(zap code)
nereby accept the appointment as registered agent. I am fo	amiliar with and accept the	obligations of the position.
Signatura	of New Registered Agent if i	changina

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:

 $P \neq President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	ee Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		Plustin Pausquet	2412 Sand Lane
X Add			Orlando 32818
Remove			
2) Change			
Add			
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

cles, enter change(s)			
(Be specific)			
 			
		 	
			727
			
		<u> </u>	
			
			
ange, reclassification	n, or cancellation o	fissued shares,	
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	(Be specific)	(Be specific)	(be specific)

The date of each amendment(s) adoption: Feb. 11th 2018. date this document was signed.	, if other than the
Effective date if applicable: Feb 1 + 2018 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ier
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Vice President (Title of person signing)	