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COVER LETTER

TO: Amendment Section
Division of Corporations

- .

NAME OF CORPOR	RATION: J&O PROFESSIO	NAL CARPENTRY INSTA	ALLATION INC	
DOCUMENT NUMI	BER: P15000046124			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	OSMANY VILORIO			
		Name of Contact Persor	1	
	J&O PROFESSIONAL CARPENTRY INSTALLATION INC			
		Firm/ Company		
	18300 NW 86 AVE			
		Address		
	HIALEAH, FL 33015			
		City/ State and Zip Code		
For further information	E-mail address: (to be us	sed for future annual report	notification)	
NELSON ALVAREZ	:	at (3815362	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

J&O PROFESSIONAL CARPENTRY INSTALLAT	TION INC	
(Name of Corporat	tion as currently filed with the Flo	rida Dept. of State)
P15000046124		
(Docu	iment Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Corp</i>	coration adopts the following amendment(s) to
A. If amending name, enter the new name of the o	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	p," "Inc," or "Co". A profession	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable	ile:	
(Principal office address MUST BE A STREET AD		
	-	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B)	<u>OX</u>)	<u> </u>
D. If amending the registered agent and/or register		er the name of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent	.	
	(Florida street address)	
New Registered Office Address:		. Florida
tegine en office man est.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Red I hereby accept the appointment as registered agent.		ablications of the resition
т петелу иссері іне арронітені ах тедіметей адет.	t am jamatar wun ana accept the	
		2018 ACCO
Sig	gnature of New Registered Agent, if a	
		[m-< 0 ·
		OR W
		50

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: <u>X</u> Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	VP		OSMANY VILORIO	18300 NW 86 AVE		
X Add				HIALEAH, FL 33015		
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		-				
Add						
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	

_		
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
		
		

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the Do	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	r
O2/21/201 Dated Signature (By a conselector)	The state of the s	 -
арроіг	ted fiduciary by that fiduciary)	
	JENNY RUIZ	
	(Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	
	/a or baroon organist	