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COVER LETTER

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		<u>COVER LETTER</u>		19 OCC 72 MM 9: 33
TO: Amendment Section Division of Corpora				
NAME OF CORPORA	TION: C & M CARPENT	RY INC.		
DOCUMENT NUMBE	R: P15000058032			U
	Amendment and fee are su		•	
Please return all correspo	ondence concerning this ma	tter to the following:		
C	RISTIAN C MUNOZ			
_		Name of Contact Person	1	
C	& M CARPENTRY INC.			
		Firm/ Company		
3: —	501 WEST VINE STREET			
К	ISSIMMEE, FL 34741	Address		
	1001WIVIDE, 1 E 34741	City/ State and Zip Code		
		Chir State and Zip Code	•	
e.mearp	entryinc@outlook.com	-16-6		
	E-mail address; (to be us	ed for future annual report	notification)	
For further information c	oncerning this matter, pleas	e call:		
CRISTIAN C MUNOZ		at (<u></u>	361-5883	
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 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)	
Amend Divisio P.O. Bo	g Address ment Section on of Corporations ox 6327 ossee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building secutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

~	o.	3.4	CADD	IT'S IT'S	'D V	DATE
_	α	IVI.	CARP	LINE	KI	HNC.

/h1		
	oration as currently filed with the Florida Dept. of State)	· Ec
P15000058032		<i></i>
(D	ocument Number of Corporation (if known)	- (
ursuant to the provisions of section 607,1006, FI s Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following	g amendmen
. If amending name, enter the new name of t	he corporation:	
		The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "(ord "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the ab Corp," "Inc," or "Co". A professional corporation name must c r the abbreviation "P.A."	breviation contain the
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
). If amending the registered agent and/or reg	zistered office address in Florida, enter the name of the	
	ered office address:	
new registered agent and/or the new register		
Name of New Registered Agent		
	(Florida street address)	
	(Florida street address) . Florida	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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 <math>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>	<u>Addres</u> s
1) Change	VP	SHANA M ALVAREZ	3501 WEST VINE STREET
Add			STE 506
X Remove			KISSIMMEE, FL 34741
2) Change			
Add			
Remove			
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
KCHOVE			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
	
	
-	
nrovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, inducent if not contained in the amendment itself:
	adment a not contained in the amendment fixen;
(if not applicable, indicate N/A)	

The date of each amendment(s) adopt date this document was signed.	11/26/2019 ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date venent of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
11/26/2019 Dated Signature	m) E	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other count iductary by that fiductary)	
CR	STIAN C MUNOZ	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
	(Title of person signing)	