## P15000092220

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Amend

JUN 0 7 2016

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: A & F Remodeling	g Inc	
	BER: P15000092220		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Jose Daniel Garcia		
		Name of Contact Person	n .
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1000 Abernathy Lane Apt 11	0	
	Apopka FL 32703	Address	
•		City/ State and Zip Cod	e
For further information	E-mail address: (to be use on concerning this matter, please	sed for future annual report se call:	notification)
Jose Daniel Garcia		at (	462-5994
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address diment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

A & F Remodeling Services Inc

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P15000092220	
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatits Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	e:
(Principal office address MUST BE A STREET ADL	
	Por Con my
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	OX)
	(1)
D. If amanding the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
N. CN D. L. I.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
·	(City) (Zip Code)
•	•
•	
New Registered Agent's Signature, if changing Reg	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
т петебу иссері іне арроінітені аз гедізіегей адені.	
,	
Sion	nature 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 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	PT John D	. <u>oe</u>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Nairim Celis Jimenez	1000 Abernathy Lane Apt 110
x Add			Apopka FL 32703
Remove			
<b>a</b>	-		•
2) Change	·	<u> </u>	
Add Remove			
Kemove			
Add			
Add			
Kemove			
4) Change			
Add	`. 		
Remove		· ·	
5) Change			
Add			
Remove			<del> </del>
Kemove			<del></del>
6) Change			
Add		•	
Remove			

mending or adding ach <i>additional shee</i>	g additional Articles, enter change(s) here: ts, if necessary). (Be specific)	•
		•
•		
· · · · · · · · · · · · · · · · · · ·		
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		•
		······································
•	•	•
n amendment pro	vides for an exchange, reclassification, or ca	ncellation of issued shares.
ovisions for imple	menting the amendment if not contained in t	he amendment itself:
(if not applicable	, indicate N/A)	•
. • •	·	
•		
,		

	05/17/2016	
The date of each amendment(s		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(volide roup)	
,	(voltre group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
. 05/17/2	016	
Dated		
	. <b>/∙</b> }	
Signature	MU	
	a director, pesident or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
app	ointed fiduciary by that fiduciary)	
	Jose Daniel Garcia	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	