. (Re	questor's Name)	
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:CAST	LE MAGIG REMO	DELIN	G CORP		
OCUMENT NUMBER: P15000095470						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:				
	WII	LLIAMS E CASTIL	LO PAR	RDON		
_		Name of Contact	Person			
	CAST	TLE MAGIG REMO	DDELIN	G CORP		
_	,	Firm/ Compa	any	,		
		4225 GARDEN I	LANE			
Address						
		BRANDON, FL	33510			
	City/ State and Zip Code					
	CASTLECON	STRUCTIONFL@C	GMAIL.G	COM		
***********	E-mail address: (to be us	•				
For further information c	oncerning this matter, pleas	se call:				
WILLIAMS CA	STILLO PARDON	at (813	509-1907		
Name of Contact Person		A	rea Code	& Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florid	la Depar	tment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address				
Amendment Section Division of Corporations		Amendment Section				
	Division of Corporations Clifton Building					
P.O. Box 6327 Tallahassee El 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of



CASTLE MAGIG REMODELING 16 AUG 31 PH 5: 29

(Name of Company)	Ab. Glad mith at DELEGIA Deat (of Conta)		
	itly filed with the Florida Deptitof State).		
	0095470 TACCAID		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen		
A. If amending name, enter the new name of the corporation:			
CASTLE MAGIC REMODELING CORP	The new		
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	4225 GARDEN LANE		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33610		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4225 GARDEN LANE		
(Muning address MAT BE A FOST OFFICE BOX)	TAMPA, FL 33610		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida s	street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Ager	nt:		
I hereby accept the appointment as registered agent. I am familia			
Sign atoms of Nam	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.

Mike Jones, V as Remove Example:	, and Sal	ly Smith, S	SV as an Add.		
X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					
Remove				•	
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change					
Add					
Remove					

	(Be specific)	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and if not contained in the amendment itself:	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
ate 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 this block does not meet the applicable statutory filing requirements, locument's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	•
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	łder
08/26/2016 Dated	
Signature	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
WILLIAMS E CASTILLO PARDON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	