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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: MAY HILLWOOK DOORS & FINISH CARPENTY, IN
DOCUMENT NUMBER: V 10000 10348
The enclosed Articles of Amendment and tee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amouris Alvarez. Name of Contact Person
MAY Hillwork Doors & Finish CARpentry, IUC.
609 West 14 Street
Hialean, Floriga, 33010
Salcines addys & Vahoo . Com E-mail address: (to be fled for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Series Amendment Series
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

MAY Hillwook Dones & Finis	h CAPBORY INC.
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P16 0000 10	348
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	NA The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.,	"company" or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M/A N/A Top B Top
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	sin riorida, enter the paine of the
Name of New Registered Agent	N/A = E
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	ii) (zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar whi	and accept the obligations of the position.
· al	
Signature of New Reg.	istered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	Title	Areauris Alvanez	Address 609 Wost 14s Hialean FL 3301
Remove			
2) Change Add		·	
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	-110
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	<u> </u>	
If an amendment provides for an exch provisions for implementing the amer	<u>ange, reclassification, or c</u> adment if not contained in	ancellation of issued shares, the amendment itself:
(if not applicable, indicate N/A)		
(g) not applicable, maleule (9/1)		K / / /
A the applicable, maleule 1971)		N/L
(g not applicable, maleule 1971)		N/H.
(g not applicable, materia 1971)		N/H.
(g not applicable, materia 1971)		N/A.
(g not applicable, material 1971)		N/H
(g not applicable, materia 1971)		N/A-
(y not applicable, material 1971)		N/H
(y not applicable, maleule 1971)		N/H
(g not applicable, maleure 1971)		N/A.
(y not applicable, material 1971)		NAA

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(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 date will document's effective date on the Department of State's records.	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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 02 12 2016	
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 court	
appointed fiduciary by that fiduciary)	
Areauris Alvares	
(Typed or printed name of person signing)	
tresioent	
(Title of person signing)	