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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SANDY FINISHE	D WOOD INC	
DOCUMENT NUME	BER: P16000023100		
	of Amendment and fee are su	bmitted for filing	
Please return all corres	pondence concerning this ma	iter to the following	
	MABEL WUNSCHE		
		Name of Contact Person	
	MABEL WUNSCHE INCOM	ME TAX SERVICE INC	
		Firm/ Company	
	6115 STIRLING RD SUITE	209	
		Address	
	DAVIE FL 33314		
		City/ State and Zip Code	2
	MABELWUNSCHETAXES	@GMAIL.COM	
	E-mail address (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call.	
MABEL WUNSCHE		786 at (	) 24n-3841 de & Daytime Telephoue Number
Name of Contact Person		Area Co	de & Daytime Lelephoue Number
Enclosed is a check for	r 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SANDY FINISHED WOOD INC.

SAMPLEMISHED WOODING	**************************************	CL Later CL at D. a. CC		
P16000023100	ot Corporation as currenti	v filed with the Florida Dept. of St	<u>(ate</u> )	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:		•	he following amendi	ment(s) to
A. <u>If amending name, enter the new n</u>	ame of the corporation:		The n	
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A	company," or "incorporated" or the professional corporation name n	abbreviation "Corp.	,,
B. Enter new principal office address,	if applicable:	4302 SANTA BARBARA BUVD APT 10		
(Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL FL 33914	-	-
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		4302 SANTA BARBARA BLV	D APT 10	-
(Finning duares) SEET THE SEED OF	<u>(71 1 10.12 100.11)</u>	CAPE CORAL FL 33914	2024	- -
			. <del>Έ</del>	-
D. If amending the registered agent at new registered agent and/or the ne			ine —	
Name of New Registered Agent	MABEL WUNSCHE			
	6115 STIRLING RD SUFI	E 209	; 92	
New Registered Office Address:	dilorida sir. DAVIF	eet address) , Flori	333]4	.4
THE STATE OF THE S	1.11	Citys	(Zip Code)	-
New Registered Agent's Signature, if of Thereby accept the appointment as regis.  Check if applicable	tered agent - Lam Jamiliar v	enth and accept the obligations of the obligations of the entry of the		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (	e), F.S.		

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)

Example:

Please note the officer/director title by the first letter of the office title:

President:  $\tilde{V}$  Vice President:  $\tilde{T}$ = 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.

X Change	$\overline{\mathrm{br}}$	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>8V</u>	Sally Smuh		
Type of Action (Check One)	<u>Tale</u>	Name	<u>Addres</u> s	
1) Change	P	PEDRO M. CEDENO MARTINEZ	2238 NW 93RD TER	
Add			MIAMI FL 33147	
X Remove				
2) Change	P	JAVIER ALVAREZ ART <b>IGA</b> .	4302 SANTA BARBARA BLVD	
X Add			APT 10 CAPE CORAL FL 33914	
Remove 3 ) Change				
Add			***	
Remove				
4) Change	-			
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
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The date of each amendment(s date this document was signed.	) adoption:, 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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were action was not required	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) is sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendmentist:
"The number of votes o	ast for the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
07/26/2 Dated	024
Signature	Dalia
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver trustee, or other court outted fiduciary by that fiduciary)
	PEDRO MICEDENO MARTINEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

. . . . . .