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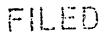
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IS CARPENTRY	Y INC			
DOCUMENT NUMBER: P16000049671				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
WALTER ISIDRO				
	Name of Contact Person			
	Firm/ Company			
4401 PINE STREET				
Address WEST PALM BEACH, FL 33406				
	City/ State and Zip Code			
WALTERISI200039@GMAIL.C	COM			
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, ple	ease call:			
WALTER ISIDRO	at (561) 876-8255 Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone N				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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 Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



IS CARPENTRY, INC	and a cot if to De ha
(Name of Corporat	ion as currently filed with the Plorida Dept. of State)
P16000049671	
(Docur	nent Number of Corporation (if known) II ASSEE, FLUT A
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment
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
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registerea Conce Augress.	(City) (Zip Code)
	(Sign
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>tistered Agent:</u> I am familiar with and accept the obligations of the position.
	
Sign	ature 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	WALTER ISIDRO JR.	4401 PINE STREET
X Add	.		WEST PALM BEACH.FL 33406
Remove			
2) Change	<u>s</u>	DANIS H ISIDRO	4401 PINE STREET
X Add			WEST PALM BEACH, FL 33406
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
ADD VP AND SECRETARY	
	
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,	
If a second and the factor of the second shapes and sufficient on the second shapes	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	

The date of each amendmen	· · ·	if other than the
date this document was signed	i. - 10/03/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	n(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
10/03	/2018	
Dated	Hendulfol	
(E	by a orcero r, president or other officer – if directors or officers have not been been been been been been been bee	
	WALTER ISIDRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·