## P 16000074666

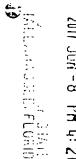
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C. GOLDEN
JUN 1 3 2017

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SILVA REMODELING CORP DOCUMENT NUMBER: P16000074060 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: REGINALDO M DA SILVA Name of Contact Person SILVA REMODELING CORP Firm/ Company 4321 NW 9 AVE 104 Address POMPANO BEACH, FL 33064 City/ State and Zip Code REGINALDOMSILVA1974@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: REGINALDO M DA SILVA at ( 954 ) 692-4809
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address 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 of

FILED

SILVA REMODELING CORP

2017 JUN -8 PM 4: 20

	Ily filed with the Florida Dept. of State)
P16000074060	15
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation".  "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or 'cord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4321 NW 9 AVE 104
	POMPANO BEACH, FL 33064
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	ress in Florida, enter the name of the s:
new registered agent and/or the new registered office address  Name of New Registered Agent	ress in Florida, enter the name of the s: reet address)
Name of New Registered Agent	<u></u>

## 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	JACQUELINE ASSIS	941 Crystal Lake Dr Apt 112	
Add X Remove			POMPANO BEACH, FL 33064	
2) Change	VP	FABIO ASSIS	941 Crystal Lake Dr Apt 112	
Add			POMPANO BEACH, FL 33064	
X Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
.5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
	<del>-</del>
an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	05/26/2017	
	(no more than 90 days after amendment file date)	<del>-</del>
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
05/26 Dated	/2017	
Signature	Kunha	
(B	by a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	REGINALDO M DA SILVA	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	<del></del>