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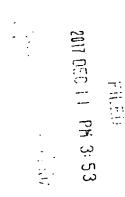
•
(Requestor's Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: FINE FINISHING	INTERIOR INTERNATION	ONAL INC		
DOCUMENT NUMB					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	IAIME GUZMAN				
_		Name of Contact Perso	n		
1	BROTHERS MULTISERVICIOS INC				
-		Firm/ Company			
:	2821 SOUTHWEST 119TH WAY				
-		Address			
:	MIRAMAR, FLORIDA, 33025				
-		City/ State and Zip Cod	e		
BROT	HERSMULTISERVICIOS@	@GMAIL.COM			
	`	sed for future annual report	notification)		
	,	,	,		
For further information	concerning this matter, pleas	se call:			
ARTURO CASTRO		561	202-4366		
Name of	TRO at (561) 202-4366 at (Contact Person Area Code & Daytime Telephone S		de & Daytime Telephone Number		
Enclosed is a check for	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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

FILED

FINE FINISHING INTERIOR INTERNATION	IAL INC		2817 DEC 1	1 04 6
(Name of Corp	oration as currently	filed with the Florida D		1 11: 3: 5:
P16000081363				
· (Ľ	Document Number of	Corporation (if known)	- 1	77 - 7 15 HO
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this a	Florida Profit Corporation	•	g amendment(s)
. If amending name, enter the new name of	the corporation:			
FINE FINISHING INTERIOR INC				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " word "chartered." "professional association," o	Corp," "Inc," or "C	Co". A professional corp		- bbreviation
3. Enter new principal office address, if appli	icuble:	N/A		
Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
				
				
). If amending the registered agent and/or re			name of the	
new registered agent and/or the new regist	tered office address:	•		
Name of New Registered Agent N/A				-
	(Florida stre	et address)		
New Registered Office Address:			, Florida	
	Į.	(City)	(Zip C	Indej
	Į.	(City)	(Zip C	Tode)
New Registered Agent's Signature, if changing				
hereby accept the appointment as registered ag	gent. I am familiar w	ith and accept the obligat	ions of the position.	
	Cinnerton of March	raturnal torre Wales . 2		
	-Sivnature of New Ri	egistered Agent, if changir	ıσ	

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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		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				

(Attach additional sheets, if necessary).	(Be specific)
reach determined sheets, if hecessary,	(ne specific)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	-
•	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	· · · · · · · · · · · · · · · · · · ·

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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/6/20	17	
DatedSignature	4 Caste U	
(By a selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other count pinted fiduciary by that fiduciary)	
	ARTURO CASTRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	