

7/24/2017

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : INREP, LLC
Account Number : I20170000048
Phone : (954)816-0169
Fax Number : (954)301-0210

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INREP@OUTLOOK.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HERNANDEZ FINISH CARPENTRY INC**

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Fax Server



July 27, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HERNANDEZ FINISH CARPENTRY INC
SAMUEL HERNANDEZ
220 NE 12 TH AVE LOT#164
HOMESTEAD, FL 33030

SUBJECT: HERNANDEZ FINISH CARPENTRY INC
REF: P16000081370

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

HERNANDEZ FINISH CARPENTRY INC ON COVER SHEET, IRRIGATION & LANDSCAPING PRODUCTS INTERNATIONAL INC ON DOCUMENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia B Young
Regulatory Specialist II

FAX Aud. #: H17000193146
Letter Number: 517A00015155

P.O BOX 6327 - Tallahassee, Florida 32314

17 JUL 27 AM 8:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HERNANDEZ FINISH CARPENTRY INC

DOCUMENT NUMBER: P16000081370

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN REYES	
Name of Contact Person	
INREP, LLC	
Firm/ Company	
7871 NW 11TH ST	
Address	
PLANTATION, FL 33322	
City/ State and Zip Code	
INREP@OUTLOOK.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

SAMUEL ARGUETA HERNANDEZ	at (786) 259 3379
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

HERNANDEZ FINISH CARPENTRY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000081370

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>SAMUEL HERNANDEZ</u>	<u>220 NE 12 TH AVE LOT #164</u>
<input type="checkbox"/> Add			<u>HOMESTEAD, FL 33030</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>BRUNI ARGUETA</u>	<u>220 NE 12 TH AVE LOT #164</u>
<input type="checkbox"/> Add			<u>HOMESTEAD, FL 33030</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>PASTOR SACARIAS</u>	<u>220 NE 12 TH AVE LOT #164</u>
<input type="checkbox"/> Add			<u>HOMESTEAD, FL 33030</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>PASTOR SACARIAS</u>	<u>220 NE 12 TH AVE LOT #164</u>
<input checked="" type="checkbox"/> Add			<u>HOMESTEAD, FL 33030</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

To amend Article III, the purpose for which this corporation is organized, updating current purpose which reads as follow

"MY CORPORATE FUNCTIONS WITHIN THIS ENTITY ENTAILS THE PRODUCT DEVELOPMENT, SALES
COORDINATION AND MARKETING OF CONSTRUCTIONS PRODUCTS AND ACCESSORIES FOR GLOBAL
WHOLESALE DISTRIBUTION"

Purpose to be updated and to read as follow "ANY AND ALL LAWFUL BUSINESS".

**F. 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)

N/A

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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 not be listed as the document's effective date on the Department of State's records.

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.

07/20/2017
Dated _____

Signature Samuel D. Gueta
(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)

SAMUEL ARGUETA HERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)