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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sean Foster Finish	Carpentry Inc		
DOCUMENT NUM	P17000003258			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Sean Foster			
		Name of Contact Persor	1	
		Firm/ Company		
	17493 41st Road No			
	Loxahatchee, FL 33470	Address		
	Donald Control of the	City/ State and Zip Code		
	Linda@daccpa.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Sean Foster		at (719-7404	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

(Name	of Corporation as currently	filed with the Florida Dept. of State)
P1700003258		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this i	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name, and N/A	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,		N/A
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A
(Mulling data ess MAT BE A FOST	DFFICE BOX)	
D. If amending the registered agent an	id/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	N/A	
		To The second se
	(Florida stre	eet address)
Non-Resident Address Address		SC P
New Registered Office Address:		(City) Florida Ten
		ATE 24
		•••
New Registered Agent's Signature, if c	hanging Registered Agent:	
hereby accept the appointment as regist	ered agent. I am familiar w	oith and accept the obligations of the position.
	Signature of New Re	gistered Agent, if changing
Check if applicable		
☐ The amendment(s) is/are being filed p	ursuant 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:

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.

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>	Address	
1) Change	VP	Stacee N Foster	17493 41st Road No	
X Add			Loxahatchee, FL 33470	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			 	
Remove				

•	onal sheets, if neces.	sary). (Be spec	cific)			
/A						
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If an amenda	<u>ient provides for a</u>	n exchange, rec	lassification, or	cancellation of	issued shares	
provisions fo	or implementing th	<u>ie amendment if</u>	not contained	in the amendm	ent itself:	
	plicable, indicate N	√A)				
/A						
						
					,	
					<u></u>	

The date of each am	July 1, 2021 ndment(s) adoption:, if other than the
date this document wa	
Effective date if app	
	(no more than 90 days after amendment file date)
Note: If the date inso document's effective	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.
Adoption of Amendr	nent(s) (CHECK ONE)
The amendment(s) action was not requ	was/were adopted by the incorporators, or board of directors without shareholder action and shareholder ired.
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
The amendment(s) must be separately	was/were approved by the shareholders through voting groups. The following statement 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	(voling group)
	(voling group)
Date	d JULY /51, 2021
Sign	ature
	(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)
	Sean Foster
	(Typed or printed name of person signing)
	Pres
	(Title of person signing)