Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: TAX CONTROLLER INC

Account Number : 120210000142

Phone

: (954)301-1848

Fax Number

: (954)532-9458

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

Email Add	dress:		
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SILVA DETAIL WOOD WORK INC

Certificate of Status	0
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Page Count	05
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Help

Articles of Amendment to Articles of Incorporation of

SILVA DETAIL WOOD WORK INC			
(Name of Corporation as co	urrently filed with the Florida Dept. of State)		
P17000009697			
(Document Nu	imber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the fo	ollowing amendme	ent(s) to
A. If amending name, enter the new name of the corporat	tion:		
		Тhе печ	v
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp." "Inc," or "Corporate and a contain the word "corporation" or the abbreviation or the abbreviation."	Co". A professional corporation name must	reviation "Corp.," contain the word	i
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		2021 SEC	
C. Enter new mailing address, if applicable:		L NOV	7
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>	N	i
		7 3	
		<u> </u>	
D. If amending the registered agent and/or registered offi		09 	
new registered agent and/or the new registered office a	<u>iddress:</u>		
Name of New Registered Agent			
(Fle	orido street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		sition.	
7,1	,		
Signature of	New Registered Agent, if changing		
Check if applicable			

 \square The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), 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:

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 Doc	
X Remove	<u>v</u>	<u>Mike Jones</u>	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check Onc)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANDERSON COLARES E SILVA	9005 SW 7TH ST
X Add			BOCA RATON, FL, 33433
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Romove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

	or adding add tional sheets, if r	recessary). (Be	e specific)			
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an amend	ment provides	for an exchange	, reclassification	n, or cancellation	on of issued shar	res.
rovisions (if not e	for implementi applicable, indic	ng the amendm	ent if not conta	ined in the ame	ndment itself:	
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PRESIDENT

(Title of person signing)