PITOCOCIUM

| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | _ |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: MD MAYORGA | FINISH CARPENTRY CO | DRP |
|--|---|--|--|
| DOCUMENT NUMB | ER: P17000014471 | | <u> </u> |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | condence concerning this mat | tter to the following: | |
| | MARIO I | E. JUAREZ | |
| - | | Name of Contact Person | 1 |
| | MD MAYROGA FINIS | H CARPENTRY CORP | |
| - | <u>-</u> | Firm/ Company | |
| | 6296 CORPORATE CT. | ' ' | |
| - | <u></u> | Address | |
| | FORT MYERS, FL 339 | 919 | |
| - | | City/ State and Zip Code | e |
| | mjuarez@accoun | tingsolutionswfl.com | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information MARIO E. JUAI | concerning this matter, pleas | se call:at (| 246-9272 |
| Name o | f Contact Person | at (Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | 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) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | ling Address | | Address Iment Section |

Articles of Amendment to Articles of Incorporation of



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

P17000014471

(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:

| | | | | The _n |
|--|---|----------------------------|---|----------------------------|
| ame must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association | on "Corp," "Inc," or "Co". | A professional co | icorporated" or the orporation name mu | abbreviati st contain t |
| 3. Enter new principal office address, if a Principal office address MUST BE A STR | | N/A | | |
| vrincipal office address <u>SIOST BE A STR</u> | <u>EET AUDRESS</u>) — | | | |
| Enter new mailing address, if applical (Mailing address MAY BE A POST OF | | N/A | - | |
| | | | - | |
| | _ | | | |
| | _ | | | |
| | | <u>ı Florida, enter th</u> | e name of the | |
| D. If amending the registered agent and/o new registered agent and/or the new r Name of New Registered Agent | | ı Florida, enter th | ne name of the | |
| new registered agent and/or the new r | egistered office address: N/A | | ne name of the | |
| new registered agent and/or the new r | egistered office address: | | ue name of the | |
| | egistered office address: N/A | dress) | , Florida | (ip Code) |
| new registered agent and/or the new r | egistered office address: N/A (Florida street ad | dress) | , Florida | (ip Code) |
| new registered agent and/or the new r | egistered office address: N/A (Florida street aa (City) | dress) | , Florida | |

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> <u>John</u> | <u>1 Doe</u> | |
|----------------------------|-----------------------|----------------------|------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | CEOP | EDGAR MAYORGA MUNOZ | 5202 HARDEE ST |
| Add | | | NAPLES, FL 34113 |
| Remove | | | |
| 2) X Change | СЕОР | DAVID, MAYORGA MUNOZ | 417 DESOTO AVE |
| Add | | | LEHIGH ACRES, FL 33972 |
| Remove | | | |
| 3) Change | TR | MARIO E. JUAREZ | 406 NW 17TH TER |
| X Add | | | CAPE CORAL, FL 33993 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|---|
| AMENDED ARTICLE VII | |
| EMOVING FROM CEOP EDGAR MAYORGA MUNOZ | |
| HANGE TO CEOP DAVID MAYORGA MUNOZ | |
| DDING TREASURER : MARIO E. JUAREZ | |
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| . 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) | |
| NEW CEOP DAVID MAYORGA MUNOZ HAS 100% OF SHAREHOLDER OF THE TOTAL 500 SHARES. | |
| | |
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| | |

| | 07/01/2017 | if other than th |
|---|---|-------------------|
| The date of each amendment(s) date this document was signed. | | |
| Effective date <u>if applicable</u> : | As Recorded by Div. Of Corporations (no more than 40 days after amendment file date) | clate. |
| | | |
| 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 will not Department of State's records. | ot be listed as t |
| 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 east for the amendment(s) sufficient for approval. | |
| ☐ The amendment(s) was/were a must be separately provided | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | |
| | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| Dated | 19/17 | |
| Signature | | |
| (By | a director, president or other officer – if directors or officers have not been cred, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| арр | ointed fiduciary by that fiduciary) | |
| | DAVID MAYORGA MUNOZ | |
| | (Typed or printed name of person signing) | <u> </u> |
| | CEO-PRESIDENT | |
| | (Title of person signing) | |