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TO: Amendment Section

Division of Corporations M & M CUSTOM TRIM CARPENTRY INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARCUS L ROWE Name of Contact Person M & M CUSTOM TRIM CARPENTRY INC Firm/ Company 12021 BRADDOCK RD Address JACKSONVILLE, FL 32219 City/ State and Zip Code 13 @ amail, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCUS L ROWE 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: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

17 APR -3 PH 3: 19

M & M CUSTOM TRIM CARPENTRY INC

in the in coston train erace	ACTION A		- 12 12 12 12 12 12 12 12 12 12 12 12 12	. 4
Q	Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)	.5 2
P17000027037 .				
	(Document Nur	nber of Corporation (if kno	own)	
Pursuant to the provisions of section its Articles of Incorporation:	on 607.1006, Florida Statute	s, this <i>Florida Profit Corp</i>	oration adopts the following amendmen	ıt(s) te
A. If amending name, enter the			The new	
	designation "Corp," "Inc,	" or "Co". A professione	"incorporated" or the abbreviation al corporation name must contain the	
B. Enter new principal office ad (Principal office address <u>MUST E</u>		NA		
•				
C. Enter new mailing address, i (Mailing address MAY BE A		NA		
	·		· · ·	
D. If amending the registered ag new registered agent and/or			r the name of the	
Name of New Registered	1 1/2			
,	(Flo	rida street address)	•	
New Registered Office Ad	dress:		, Florida	
	,	(City)	(Zip Code)	
New Registered Agent's Signatu I hereby accept the appointment as	re, if changing Registered .	Agent: niliar with and accept the o	bligations of the position.	
	NIA			
	Signature of	New Registered Agent, if c	hanging .	

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 Joh	ın Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	<u>D</u>	CHRISTOPHER V CREEL	6540 TROUT RIVER BLVD
X Add			JACKSONVILLE, FL 32219
Remove			
2) Change		·	
Add			·
Remove			•
3) Change			
Add			
Remove			
4) Change			·
Add Remove			
5) Change			
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The date of each amendment		-50-17			, if other than th
date this document was signed.					
Effective date if applicable:	3-30	-l7			
	· (n	o more than 90 days aft	er amendment file (late)	
Note: If the date inserted in the document's effective date on the			itory filing requirer	nents, this date will	not be listed as th
Adoption of Amendment(s)	(<u>CHEC</u>)	K ONE)	.:		
The amendment(s) was/wer by the shareholders was/we			of votes cast for the	amendment(s)	
☐ The amendment(s) was/wer must be separately provide					
"The number of votes	cast for the amendme	ent(s) was/were sufficien	nt for approval		
by					
•	. (voting	group)			
☐ The amendment(s) was/wer action was not required.	e adopted by the boar	d of directors without s	hareholder action a	nd shareholder	
The amendment(s) was/wer action was not required.	e adopted by the inco	rporators without sharel	iolder action and sl	nareholder	
3/30/2 Dated	017		•		
Signature/	monne	Venc			
(B se	y a director, presiden	t or other officer – if dir rator – if in the hands of that fiduciary)			
	MARCUS L RO	OWE			
	(Тур	ed or printed name of p	erson signing)		
•	PRESIDENT	• •			
	• 1	(Title of person	cionina)		