P17000035348

(Req	uestor's Name)	
(Addi	ress)	
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(Addi	ress)	
(City/	/State/Zip/Phone	e #)
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2022 HAR 28 AH II: 46

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COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPORATION	: LATHING BY F	RANCISCO SEBASTIAN	INC
OCUMENT NUMBER:	P17000035348		
he enclosed Articles of Amend	dment and fee are st	ibmitted for filing.	
lease return all correspondenc	e concerning this m:	itter to the following:	
	FRANCISC	O SEBASTIAN	
		Name of Contact Person	n
	LATHING) BY FRANCISCO SEBA	STIAN
		Firm/ Company	
	1606 HAMPT	ON RD	
 , ,.		Address	
	LEESBURG.	, FL 34748	
•		City/ State and Zip Cod	
or further information concern FRANCISCO SEBAS		se call: at (352	406-5726
Name of Contact Person		at (area Co) de & Daytime Telephone Number
iclosed is a check for the folic	owing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate 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)
Mailing Address Amendment Section			Address Iment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

LATHING BY FRANCISCO SEBASTIAN INC.

2022 HAR 28 AM 11: 46

(Name of Corporation	as currently file	d with the Florida Dej	pt. of State)	
P17000u35348			TALLA	SSEE, FL
(Docume)	nt Number of Cor	poration (if known)		
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this <i>Flori</i>	da Profit Corporation :	adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corp	poration:			
FNS LATH & STUCCO INC				The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A pro	any," or "incorporated fessional corporation	" or the abbrevia. name must conto	tion "Corp.,"
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)			
	_			
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<i>'</i>			
	_			_
	<u></u>			
D. If amending the registered agent and/or registered	d affige addraw i	n Florida, antar tha na	common of the	
new registered agent and/or the new registered of		n i fortua, enter the na	inic of the	
Name of New Registered Agent				
				· -
····	(Florida street aa	ldress)		
New Registered Office Address:			Elorida	
Suntain segment to the second s	(City)			r Codey
N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. La		and accept the obligation	ns of the position	
	J	,	•	
C:	on of Many Days	and Array Williams		
Signani	ue oj isew Registo	red Agent, if changing		

Check if applicable

 \Box The amendment(s) is are being filed pursuant 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)

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 F 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	L	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	rticles, enter change(s) here:
Attach additional sheets, if necessary)), (Be specific)
ANGE THE NAME OF THE COMPA	ANY
 	
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(y nor appacame, maicate (802))	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date it applicable: (no more than 90 days after amendment file date	7
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records	its, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was were adopted by the incorporators, or board of directors without sharel action was not required.	nolder action and shareholder
☐ The amendment(s) was were adopted by the shareholders. The number of votes east for the an by the shareholders was were sufficient for approval.	gendment(s)
☐ The amendment(s) was were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was were sufficient for approval	
by	
(voting group)	
03 10/2022 Dated	
Signature - Salved	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
FRANCISCO SEBASTIAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	