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2017 SEP - 7 PM 3: 37

C. GOLDEN SEP 1 3 2017

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COLMEX REMO	DELING SERVICES INC		
DOCUMENT NUMB	SER:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
The enclosed Articles	of Amendment and fee are st	ubmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
-		Name of Contact Perso	n	
	COLMEX REMODELING SERVICES INC			
	Firm/ Company			
_	7802 KINGSPOINTE PKWY #101			
	Address			
	ORLANDO, FL 32819			
		City/ State and Zip Cod	le	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
JORGE ORDINOLA		at (		
Name of Contact Person			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 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	idment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Talfahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

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FILED

	COLMEX REMODELING SERVICES INC.	2017 SEP - 7 PH 3: 37
(Name	of Corporation as currently filed with the Florida	Dept. of State)
	P17000047000	ALLAMASSEE FLORIDA
	(Document Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this <i>Florida Profit Corporati</i>	on adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
	tain the word "corporation," "company," or "inc nation "Corp," "Inc," or "Co". A professional co- tion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appi (Mailing address <u>MAY BE A POST</u>	icable: OFFICE BOX)	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, enter the wregistered office address:	name of the
Name of New Registered Agent	OSCAR G. RAMIREZ-CASTANEDA	
	4424 PINEBARK AVE	
	(Florida street address)	
New Registered Office Address:	ORLANDO	, Florida 32811
	(City)	(Zip Code)
New Registered Agent's Signature, if cl hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept the obliga	ttions of the position.

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 = Trustce; 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>	John Doe	
X Remove	V	Mike Jones	
$\underline{X}$ Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) ORL Change	P	MARY SAMPEN	4430 PINEBARK AVE
X Add			ORLANDO, FL 32811
Remove			
2) X Change	VP	OSCAR G RAMIREZ-CASTANEDA	4424 PINEBARK AVE
Add		<del></del>	ORLANDO, FL 32811
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Charac			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary),	(Be specific)	<del></del>		
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			<del></del>	<del></del>
f an amendment provides for an exci	hange, reclassificat	<u>ion, or cancellatio</u>	on of issued shares,	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not cont	ained in the amen	dment itself:	
(ў на присшяе, такие гум)				
				<del></del>
	<u> </u>			
				<del></del>

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	$\mathfrak{m}(s)$
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/5/17	
Signature	
(By a director: president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
OSCAR G. RAMIREZ-CASTANEDA	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	