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R. WHITE SEP 1 4 2018 SECRETARY OF STATE

DIR CEP 12 PM 1:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GJS CARPENTR	RY GROUP INC	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Sustavo Gonzalez		
_		Name of Contact Person	n
C	GJS Carpentry Group Inc		
_		Firm/ Company	
8	155 Belvedere Rd		
_		Address	
\	Vest Palm Beach, FL 334	11	
_		City/ State and Zip Cod	e
joema	rvending@gmail.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Gustavo Gonzalez		561	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irlment 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)
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED
2018 SEP 12 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FL

GJS Carpentry Group Inc

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P17000056403		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1264 W FRAGIPANI CIRCLE	
(Principal office address MUST BE A STREET ADDRESS)	LANTANA, FL 33462	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1264 W FRAGIPANI CIRCLE	
	LANTANA, FL 33014	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		
Name of New Registered Agent		
1264 W FRAGIPANI (CIRCLE	
(Florida	street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.	
Signature of New	v Registered Agent, if changing	

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>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
I) X Change	Р		GUSTAVO GONZALEZ	1264 W FRAGIPANI CIRCLE	
Add				LANTANA, FL 33462	
Remove					
2) Change		_			
Add					
Remove					
3) Change		.			
Add				······································	
Remove					
4) Change					
Add					
Remove					
5) Change					
Add				· · · · · · · · · · · · · · · · · · ·	
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
.,	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	edopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/07/20 Dated	018	
Signature C	John Coxuz	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	GUSTAVO GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	