P17000067692

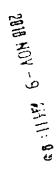
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COVER LETTER

TO: Amendment Section Division of Corporations

2010 HOY -9 &411: 1 >

NAME OF CORPO	RATION: SUPERIOR QUA	LITY REMODELING INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HUGO RAMOS		
		Name of Contact Perso	n
	5466 PENTAIL CIR	Firm/ Company	
	TAMPA, FL 33625	Address	
	E mail add and the base	City/ State and Zip Cod	
For further information	n concerning this matter, pleas	·	notineation)
HUGO RAMOS		504	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O.	ling Address Indigent Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

Articles of Incorporation

of

2010 HOY -9 AHII: 1%

SUPERIOR QUALITY REMODELING INC	2010 111
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P17000067692	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Incword "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	minar with and accept the obligations of the position
Signature of	f New 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.

<u>X</u> Change	<u>PT</u>	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>	Address	
1) Change	T	ELEONEL HERNANDEZ	1230 GULF BLVD APTO 606	
X Add			CLEARWATER BEACH, FL 3376	
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	_	
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
	
If an amendment provides for an excha- provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment date this document was signed.	(s) adoption:	, if other than the
-	11/06/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this ine Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmen are sufficient for approval.	t(s)
	e approved by the shareholders through voting groups. The following stater d for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
11/06/ Dated	/2018	
<u> </u>		
Signature		
	a director, president or other officer - if directors or officers have not been	 1
	lected, by an incorporator – if in the hands of a receiver, trustee, or other con-	art
ap	pointed fiduciary by that fiduciary)	
	HUGO RAMOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	