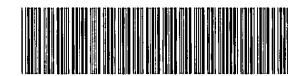
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: STERLING REM	ODELING INC		
DOCUMENT NUMBER: P17000074954				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
_	,	Name of Contact Person	1	
ŀ	HECTOR R AGUILAR			
-		Firm/ Company		
\$	STERLING REMODELING	SINC		
-		Address		
2	243 RONALDALE AVE			
_		City/ State and Zip Code	e	
HAINE	ES CITY, FL 33844			
		sed for future annual report	notification)	
	,	•	,	
For further information	concerning this matter, pleas	se call:		
HECTOR R AGUILA	P	407	. 264-1304	
	f Contact Person	at (de & Daytime Telephone Number	
ivame o	Comact Person	Alea Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 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)	
<u>M</u> aili	ing Address	Street	Address	
Amer	ndment Section		ment Section	
	ion of Corporations		on of Corporations	
P.O. Box 6327		Clifton Building		
P.O. 1	•	Clifton		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STERLING REMODE	FLIN	IG 1	NC.
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(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NA The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co", "A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) HAINES CITY, FL 33844 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent LORNA R AGUILAR 243 RONALDALE AVE	(Name o	f Corporation as currer	atly filed with the Florida Dept. of St	ate)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) HAINES CITY, FL 33844 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) HAINES CITY, FL 33844 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent LORNA R AGUILAR	· 			 -
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) HAINES CITY, FL 33844 HAINES CITY, FL 33844 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent LORNA R AGUILAR			243 RONALDALE AVE	
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new registered agent and/or the new registered office address: Name of New Registered Agent LORNA R AGUILAR				; 😕
Name of New Registered Agent		registered office addre		<u>he</u>
243 RONALDALE AVE	Name of New Registered Agent			
(Florida street address)		·	street address)	00044
New Registered Office Address: HAINES CITY Florida 33844 Florida	New Registered Office Address:	HAINES CITY		da
(City) (Zip Code)			(City)	(Zip Code)
				position.
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		Signature of 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	\underline{v}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	HECTOR R AGUILAR	AR 243 RONALDALE AVE	
Add			HAINES CITY, FL 33844	
X Remove				
2) Change	Р	LORNA R AGUILAR	243 RONALDALE AVE	
X Add			HAINES CITY, FL 33844	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

I/A	mending or adding additional Articles, enter change(s) here: ech additional sheets, if necessary). (Be specific)
ıπ	
_	
If a	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
nro	ovisions for implementing the amendment if not contained in the amendment itself:
<u> </u>	(if not applicable, indicate N/A)
/A	
,,,	

* · * * * * * * * * * * * * * * * * * *	N/A adoption:	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	, it other than the
1	1/28/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted 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):	ı
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/28/2 Dated	*	
Signature	· 62	
(By a selec	a 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 binted fiduciary by that fiduciary)	
	HECTOR R AGUILAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	