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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: <u>SANTOS GENER</u>	AL REMODELING INC	
DOCUMENT NUMBE	R:P18000008400		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	DEIVISON P DOS SA		
		Name of Contact Person	
	SANTOS GENERAL R	EMODELING INC	
<del>-</del>		Firm/ Company	
	900 NW 45TH ST - POMPA	ANO BEACH, FL 33064	
_		Address	
	POMPANO BEACH, FL	33064	
_		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be us	sed for future annual report	notification)
	,	·	
For further information	concerning this matter, pleas	se call:	
			0.407.405
DEIVISON P DOS SANTOS		at (at (	)2187105 de & Daytime Telephone Number
Name of	f Contact Person	Area 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	□S43.75 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.	ing Address Indment Section Ition of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SANTOS GENERAL REMODELING INC

P18000008400		
(Docume	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Sts Articles of Incorporation:	utes, this Florida Profit Corporation adopt	ts the following amendment(s)
A. If amending name, enter the new name of the cor	ation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	nc," or "Co". A projessional corporation	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u>S</u> )	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
(muning university MAT III. A FOST OF FICE BOX		00
		<u> </u>
). If amending the registered agent and/or registere	ffice address in Florida, enter the name o	of the
new registered agent and/or the new registered o		
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	F.1	orida
New Megister Office Total Case.	(City)	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	od Auent	
hereby accept the appointment as registered agent. I		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 = 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	PT	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	sv	ALANA M DOS SANTOS	900 NW 45TH STREET
_X_ Add			POMPANO BEACH FL 33064
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 (Be specific)			
<u> </u>	<u> </u>			<u>-</u>
		· ·		
	_			
		<u> </u>		
				<u></u>
			<u> </u>	
If an amendment provides for an excl	ange, reclassification	on, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amend	ment itself:	
<b>V</b>				
		<del>-</del>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the tate's records.
Adoption of Amendment(s) ( <u>CHE</u>	CK ONE)
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s) proval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
	iment(s) was/were sufficient for approval
by(voti	"
(voti	ig group)
The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the in action was not required.	neorporators without shareholder action and shareholder
Dated05104/	19
Signature Dewin	
(By a director, president)	dent or other officer - if directors or officers have not been
selected, by an incomposited fiduciary	rporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	by that fiducially)
1800	USA PROJECT DES SOURS
(**	Typed or printed name of person signing)
	PRESIDEN
	(Title of person signing)