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SECRETARY OF STATE

JUL 27 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LJJ CARPENTER	FINISH CORP	.
	BER: P18000033958		
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	LAZARO A HURTADO GA	ARCIA	
		Name of Contact Perso	n
		Firm/ Company	
	14691 SW 169TH TER		
		Address	
	MIAMI/FLORIDA 33177		
		City/ State and Zip Cod	e
lazaro	hurtadohurtado@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
LAZARO A HURTADO GARCIA		at (382-5892
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LJJ CARPENTER FINISH CORP

(<u>Name</u>	of Corporation as curr	ently filed with the Florida Dept. o	of State)
P18000033958			
	(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corporation adop	ots the following amendment(s
A. If amending name, enter the new na	ame of the corporation	<u>:</u>	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." ation," or the abbreviati	or "Co". A professional corporation	
B. Enter new principal office address, (Principal office address MUST BE A S			
			L:S 19
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14691 SW 169th Ter	
		Miami, FL 33177	9 H
			2
D. If amending the registered agent an new registered agent and/or the new			of the
Name of New Registered Agent	LAZARO A HURTA	DO GARCIA	
	14691 SW 169th Ter		
	(Florid	a street address)	
New Registered Office Address:	Miami	, F	33177 Torida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			f the position.
	AR.		
	Signature of Ne	ew 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, a 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 off 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change <u>PT</u> John Doe X Remove $\underline{\mathsf{V}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) X Change Ρ LAZARO A HURTADO GARCIA 14691 SW 169th Ter MIAMI, FL 33177 Add Remove VP JOEL HURTADO 14691 SW 169th Ter 2) ____ Change MIAMI, FL 33177 Add Remove ETC 14691 SW 169th Ter JEINER HURTADO 3) ____ Change MIAMI, FL 33177 $_$ Add Remove **ETC** JOSHUA DIAZ 14691 SW 169th Ter 4) ___ Change MIAMI, FL 33177 ___ Add Remove SECR LAZARO A HURTADO 14691 SW 169th Ter 5) ____ Change MIAMI, FL 33177 ____ Add Remove 6) ____ Change Add Remove

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A)	If amending or adding additional A Attach additional sheets, if necessar). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:	, ,		
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(if not applicable, indicate N/A)	provisions for implementing the a	mendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A		
		 	
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adop date this document was signed.	otion:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ek does not meet the applicable statutory filing requirements, this date timent of State's records.	will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
07/12/2019		
Dated	3/1-t-	
Signature		
selected, b	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
L/	AZARO A HURTADO GARCIA	
	(Typed or printed name of person signing)	
PR	RESIDENT	
	(Title of person signing)	

as