P180000 46870

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: M & J FRAMING	& TRIM INC	
	MBER: P18000046870		
The enclosed Articl	es of Amendment and fee are si	abmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	MICHAEL A BARNETT		
		Name of Contact Perso	n
	M & J FRAMING & TRIM	INC	
		Firm/ Company	
	34700 SE HAINES CREEK	RD	
		Address	
	LEESBURG, FL 34788		
		City/ State and Zip Cod	e
	E-mail address: (to be u	sed for future annual report	notification
	12 man addition, (10 be a.	sed for facure annual report	Houseatton
For further informat	ion concerning this matter, plea	en call·	
	ion concorning this matter, prea	se carr.	
		at (1
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

M & LEDAMING & TRIMING

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as currently filed with the Florida Dept. of State) P18000046870 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amits Articles of Incorporation: A. If amending name, enter the new name of the corporation: OLD SCHOOL FRAMING & TRIM INC The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cinc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	Corp.,"
C. Enter new mailing address, if applicable:	
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	
(Florida street address)	
New Registered Office Address: , Florida (City) (Zip Code)	
(inp cont)	,
New Registered Agent's Signature, if changing Registered Agent:	
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	
Check if applicable	

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)

Example:

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.

X 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>	Name	<u>Addres</u> s
1) Change	VP	JOSEPH FERGUSON	8427 ARBOUR LAKE DR APT 1
Add			LEESBURG, FL 34788
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>add</i>	ditional sheet	s, if necessary,	rticles, enter c). (Be specifi	(c)				
								
								
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<u>f an amer</u> provision	<u>adment prov</u> Is for implen	<u>rides for an ex</u> nenting the ar	<u>change, reclas</u> nendment if n	<u>ssification, or</u> of contained i	cancellation o n the amendm	f issued shares.	1	
(if no	ı applicable,	indicate N/A)		<u> </u>	To the willends	ent itsen.		
		•				<u>-</u> -		
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The date of each amendment(s)	May 13, 2020 adoption:	, if other than the
date this document was signed.	12, 2020	
M Effective date <u>if applicable</u> :	ay 13, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholde	er action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following so or each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
05/13/20		
DatedSignature	M/2/1	
(By a	director, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or othe nted fiduciary by that fiduciary)	
	Michael A Barnett	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	