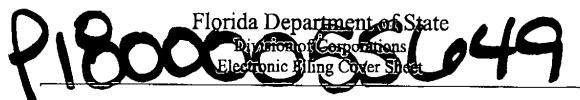
03/22/2022

3/22/22, 5:01 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000106658 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LICENSES & PERMITS LLC

Account Number : 120210000155 Phone : (305)226-8727

Fax Number : (305)226-8767

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email
Email

## COR AMND/RESTATE/CORRECT OR O/D RESIGN FGM REMODELING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

TO: Amendment Section

**Division of Corporations** 

## **COVER LETTER**

NAME OF CORPO	RATION: FGM REMODEL	ING INC	
DOCUMENT NUM	D18000055640		
The enclosed Articles	of Amendmens and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this me	itter to the following:	
	LUCIA ESTRELLA		
		Name of Contact Perso	<u> </u>
	LICENSES & PERMITS		
		Firm/ Company	
	8300 WEST FLAGLER ST		
		Address	
	MIAMI, FL 33144		
		City/ State and Zip Cod	e
	LUCIAESTRELLA@BELLS	SOUTHNET	
•	E-mail address: (to be us	ed for future annual report	notification)
	n concerning this matter, pleas		
LUCIA ESTRELLA		at ( <sup>305</sup>	226-8727
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made ;	payable to the Florida Depa	riment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Fiting Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address odment Section tion of Corporations Box 6327 hassee, FL 32314	Amenda Division The Ce 2415 N	Address ment Section n of Corporations ntre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FGM REMODELING INC		
(Name of Corpora P18000055649	tion as currently filed with the Florida Dept. of State)	
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the foil	owing amendment(s) to
A. If amending name, enter the new name of the of FGM SERVICES INC	corporation:	
name must be distinguishable and contain the word "c	corporation," "company," or "incorporated" or the abbre c," or "Co". A professional corporation name must coreviation "P.A."	The new viation "Corp.," ontain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X0	
D. If amending the registered agent and/or registened new registered agent and/or the new registered	red office address in Florida, enter the name of the	2022 H.S.
Name of New Registered Agent	Olice andress:	<del>-</del> 23
	(Florida street address)	<del>-</del>
New Registered Office Address:	, Florida	' 5
	(City)	Zip Code)
New Registered Agent's Signature, If changing Registered agent.	<u>dstered Agent;</u> I am familiar with and accept the obligations of the position	n.
Signa	ature of New Registered Agent, if changing	_ <del></del>
Check if applicable  I The amendment(s) is/are being filed pursuant to s. 6	507.0120 (11) (e), F.S.	

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	~1
X Remove	<u>v</u>	Mike Iones	2822 1000
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address St.
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	. (Be specific)		
		<u> </u>	_
	<u> </u>	· -	
		· · · · · · · · · · · · · · · · · · ·	
		- <u>-</u>	
· · · · · · · · · · · · · · · · · · ·			
		-	
			_
			_
			_
		<u> </u>	:
_			
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	<u>jāres,</u>	
<u>(QYISIODS for implementing the ame</u>	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	iares,	,
<u>(QYISIODS for implementing the ame</u>	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	jares,	
<u>(QYISIODS for implementing the ame</u>	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	jares,	_
<u>(QYISIODS for implementing the ame</u>	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	iares,	
<u>(QYISIODS for implementing the ame</u>	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	iares,	-
<u>(QYISIODS for implementing the ame</u>	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	iares,	_
<u>(QYISIODS for implementing the ame</u>	nange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	iares,	

	03/22/22	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date of State's records.	will not be listed as the
Adoption of Amendment(s) ((	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
☐ The amendment(s) was/were approved by must be separately provided for each voting	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	2021). - 201
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by		ro Us
(v	oting group)	
		•••
03/22/22		<u></u>
Dated	<u></u>	
Signature		0
selected, by an in-	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	<del></del>
FABIAN	O OUZMAN MARTIN	
<del></del> ,	(Typed or printed name of person signing)	<del></del>
PRESIDE	NT	
	(Title of person signing)	