

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

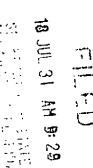
Office Use Only



200316276962

07/31/18-+01002--005 **35.00

R WHITE AUG 03 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MIAMI FINISH C	ARPENTRY , INC		
DOCUMENT NUM	P18000060005			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	ZAIDA FUENTES			
		Name of Contact Person	n	
	MIAMI FINISH CARPENT	RY INC		
	12265 SW 43RD ST	Firm/ Company		
	-	Address		
	MIAMI, FL 33175	, ((a) (a)		
		City/ State and Zip Cod	e	
hvez	apacheco0@gmail.com	,		
Zayu		11.		
	n-man address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea:	se call:		
Zaida Fuentes		305	. 484-0019	
Name	of Contact Person	at (de & Daytime Telephone Number	
			·	
binclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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			Address	
Amendment Section Division of Corporations		Amendment Section		
	. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314			xecutive Center Circle	
	•		seen FL 32301	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED

nai a Elaia	ot	18 JUL 31 AM 9) : 29
Miami Mis	ion as currently find with	the Fibrida Dept. of Sta	de) 7;
(Docui	ment Number of Corporation	n (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florida Pro</i>	fit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
name must be distinguishable and contain the wo "Corp" "Inc" or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A pr		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.	e:		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registe	ered office address in Flor	ida, enter the name of th	
new registered agent and/or the new registered			_
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florid	a(Zip Code)
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and acc	cept the obligations of the	position.
— © Sign	nature of New Registered A	gent, 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	S	ZAIDA FUENTES	6515 SW 125 AVE
X Add			MIAMI, FL 33183
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) here: (Bc specific)	
		,
		
		
		-
*		

-		
f an amendment provides for an excl	ange, reclassification, or cancellatio	n of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amen	dment itself:
(i) not applicable, material 19.11)		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07/27/2018	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	TES_
SECRETARY	
(Title of person signing)	