P18000 068 079

(Danisa Ada Nasa)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OR) Otale/Elp/(Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Costinon name)
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R. WHITE :::



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MORALES CARE	PENTRY & REMODELAT	ION CORP
DOCUMENT NUMBER:	P18000068079		
The enclosed Articles of Amena	<i>lment</i> and fee are su	abmitted for filing.	
Please return all correspondence	concerning this ma	itter to the following:	
ALMA Y	URIS MONTIEL		
		Name of Contact Person	AAAI
MORAL	ES CARPENTRY &	& REMODELATION COR	P FORTH
		Firm/ Company	
12951 PC	ORT SAID RD BA	Y 12	1
		Address	· <u></u>
OPA LO	CKA FLORIDA 33	054	
		City/ State and Zip Code	;
ALMITA	MONTENEGRO	2017@HOTMAIL.COM	
	_	sed for future annual report	notification)
	`	·	·
For further information concerni	ng this matter, plea	se call;	
ALMA MONTIEL		786 at (203-1882
Name of Contact	Person		de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	navable to the Florida Dena	rtment of State:
sheresea is a eneck for the torno	wing amount made	payable to the 1 to total Depa	Amon of State.
•	3.75 Filing Fee & rtificate 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		Street	<u>Address</u>
Amendment S	ection	Amend	ment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations	
		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

on (if known) ofit Corporation adopts the following amendment(s) The new any," or "incorporated" or the abbreviation rofessional corporation name must contain the
The new any, " or "incorporated" or the abbreviation
ofit Corporation adopts the following amendment(s)
The new any," or "incorporated" or the abbreviation
any," or "incorporated" or the abbreviation
any," or "incorporated" or the abbreviation
any," or "incorporated" or the abbreviation
PORT SAID RD APT 8
OCKA, FLORIDA 33054
rida, enter the name of the
, Florida (Zip Code)

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 = Chie 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)	Title	<u>Name</u>	Address
I) Change	V	CESAR FREDI PACHECO Morales	13380 PORT SAID RD APT 8
X Add			OPA LOCKA, FLORIDA 33054
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
		· · · · · · · · · · · · · · · · · · ·
·		

		· ·
f an am <u>endment provides for an excl</u>	nange, reclassification, or cancellation of issued shar	es,
provisions for implementing the ame	ndment if not contained in the amendment itself:	<u> </u>
(if not applicable, indicate N/A)		
<u> </u>		
. <u> </u>		

•	08/28/2019	
The date of each amendment(s) ad		, if other than t
date this document was signed.		
	8/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this d partment of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment fficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ieni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·"	
,	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
AUGUST	28 2019	
Dated		
	11/1	
Signature	校 材)	
Signature <u>- / - </u> (By a d	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	ted fiduciary by that fiduciary)	•••
ирром.	and material of material of	
	ALMA I MONTIEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	