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(Re	questor's Name)	
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Amendicus

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: P19000009101

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE LOPEZ

Name of Contact Person

GONZALEZ FRAMING INC

Firm/ Company

809 TYNER ST

Address

PLANT CITY, FL 33563

City/ State and Zip Code

GONZALEZFRAMING626@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE LOPEZ

Name of Contact Person

at (⁸¹³) 836-8640 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

GONZALEZ FRAMING INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000009101

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address</u>, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

				20
C.	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	RON	· · · ·	
	(maning address <u>man be an ost of thep</u>	<u> </u>	·	0 T
				8
D.	If amending the registered agent and/or reginew registered agent and/or the new register		r the name of the	<u>د</u> ن
	Name of New Registered Agent			
		(Florida street address)		
	<u>New Registered Office Address:</u>	·	, Florida	
		(City)	(7,	ip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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

•

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**:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	V	EDVIN O. GONZALEZ ORTIZ	3280 SYDNEY DOVER RD
XAdd			DOVER, FL 33527
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F.	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)

N/A

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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 he 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.

04/06/2019 Dated Signatur**6** (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) JULIE LOPEZ

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)