P19000012378

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	REMODELING INC	
DOCUMENT SUN	BER: P19000012378		
	s of Amendment and fee are so	abmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	NORKA URRIBARRI		
		Name of Contact Perso	11
	PSS INC	(Same of Contact Cost)	
		Firm/ Company	
	4242 NW 99TH TER	S	
		Address	
	SUNRISE, FL 33351		
		City/ State and Zip Cod	<u> </u>
for further information	on concerning this matter, plea		7095433
Name of Contact Person		Area Co	7095433) de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Fiting 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Address
			Iment Section on of Corporations
			n or corporations Building
		2661 F	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

J.B. PAINTING & REMODELING INC

	on as currently filed with the Florida Dept. of State)
P19000012378	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation " "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
B. <u>Enter new principal office address, if applicables</u> (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: tMailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position
Signa	ture of New Registered Agent, it 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:

tAttach 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 = Chairmon 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

F.vample: <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	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CATHERINE SAAVEDRA	2126 CHAMPIONS WAY
X Add			NORTH LAUDERDALE, FL 3306
Remove			
2) Change	S	RICARDO GOMEZ	2126 CHAMPIONS WAY
XAdd			NORTH LAUDERDALE, FL 3306
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nending or adding additional Articles, enter change(s) here; ch additional sheets, if necessary). — (Be specific)
	······································
	
-	
If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(it not applicable, indicate N/A)

	10/01/2019	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than th
uate this toethness was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the F	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment afficient for approval.	8)
	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendmentts):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
10/01/20 Dated	- -	
	Alain Barris	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	ALAIN BARRIOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Fitle of person signing)	