P19000016229

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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ FL RENOVATIONS INC DOCUMENT NUMBER: P19000016229 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOAO M DEMETRIO MARQUES Name of Contact Person FL RENOVATIONS INC Firm/ Company 22601 SW 56TH AVE Address BOCA RATON, FL 33433 City/ State and Zip Code alphastudiosusa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 299-8928

Area Code & Daytime Telephone Number JOAO M DEMETRIO MARQUES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327

☐\$43.75 Filing Fee & Certificate of Status

Tallahassee, FL 32314

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

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(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P19000016229	man de content y liter, anguler i de content
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the c	corporation:
	The
	corporation," "company," or "incorporated" or the abbreviation "Corp.," ," or "Co". A professional corporation name must contain the word reviation "P.A."
Enter new principal office address, if applicable	
Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)
Enter now mailing address if applicable	
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)
If amonding the registered agent and/or register	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
	-
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Re	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	ELIENE R MARQUES	22601 SW 56TH AVE	
X Add			BOCA RATON, FL 33433	
Remove				
2) Change				
Add				
Remove 3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				•
Remove				
6) Change				
Add				
Remove				

Attach <i>additi</i>	or adding addition on al sheets, if nec	essary). (Be s	pecific)	-			
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an amendr	ment provides fo	r an exchange, i	reclassification	i, or cancellatio	n of issued share	<u>es,</u>	
provisions 1: (if not a	or implementing pplicable, indicate	<u>the amendmen</u> c 874)	t if not contain	ned in the amen	idment itself:		
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The date of each amendment date this document was signed Effective date if applicable:		if other than the
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder a	nction and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendmetere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by JOAO	W DEMETHO MACQUES (voting group)	
DatedSignature	05/13/29-24 06 Var Guel ya director, president or other officer – if directors or officers have not be	
કેંદ્ર	elected, by an incorporator – if in the hands of a receiver, trustee, or other elected fiduciary by that fiduciary)	court
	TOAO M DENETRIO MAR (Typed or printed name of person signing)	QUES.
	(Title of person signing)	

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