P19000018618

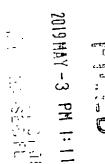
(Re	questor's Name)	
(Ad	dress)	
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C. GOLDEN MAY 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ISHED CORP		
DOCUMENT NUM	213210000019			
The enclosed Articles	of Amendment and fee are so	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	DARIEL RODRIGUEZ			
		Name of Contact Perso	n	
	FIXED AND FINISHED CO	ORP		
		Firm/ Company		
	2275 NW 23 ST 4			
		Address		
	MIAMI, FL 33142			
		City/ State and Zip Cod	e	
agen	eralconsultingservices@gmail	com		
		sed for future annual report	notification)	
for further information	n concerning this matter, pleas		924-0640	
Name	of Contact Person	at (305) 924-0640 Area Code & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made			
S35 Filing Fee	□S43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FUED

2019 HAY -3 PM 1:11

FIXED AND FINISHED CORP

(Name of Corporation	n as currently	filed with the Flori	da Dept. of State)	*,
P19000018618				S. J. Fi
(Docume	nt Number of 0	Corporation (if know	an)	<u>_</u>
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this F	lorida Profit Corpoi	ration adopts the folk	owing amendment(s) to
A. If amending name, enter the new name of the corp	poration;			
N/A				an a
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al	"Inc." or "C	o". A professional	'incorporated" or the corporation name n	The new he abbreviation nust contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	MA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office addres	ss in Florida, enter	the name of the	
Name of New Registered Agent V/A				
			-	
	(Florida stree)	(address)		
New Registered Office Address:			. Florida	
The state of the s	!C	Ίη		Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ım familiar wit		ligations of the positi	o n .
Cinnar	ma of Vana Davi	income I donne . C. ale		

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.

<u>X</u> 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>	<u>Addres</u> s
1) Change	<u>V</u>	Ciricel Valdes	1141 SW 25 ST
X Add			
Remove			CAPE CORAL FLORIDA 33904
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additio	or adding additional A mal sheets, if necessary,) (Be specific)	, , , , , , , , , , , , , , , , , , , ,			
V/A	•	, .				
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-			-	· Inc.		
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nrovisions for	ent provides for an exc r implementing the am	change, reclassifica	tion, or cancellati	ion of issued sha ndmont itself:	res,	
(if not ap)	plicable, indicate N/A)	Kijament ii not (vii	tamed in the ante	nument usen.		
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<u> </u>			-			
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	04/22/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	4/22/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
	,	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records,	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s).	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
04/22/20 Dated Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	GRICEL VALDES	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	_