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Amend

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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: RENEW Remodeling Services, anc.
DOCUMENT NUMBER: <u>P1900041256</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joer Hernande 7 Name of Contact Person Jem Flooring Lechnician Inc. OFirm/Company 4424 SW 72nd Way Address Davie FL 33314. City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joev Hernande 7 at (305) 934 – 9027 Name of Contact Person at (306 & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to
Articles of Incorporation

Renew Remodeling	filed with the Florida Dept. of State)
(Name of Corporation associated by	The dwith the Florida Dept. of State)
P190000A912	56
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new majling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
	<u> </u>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	$\dot{\varphi}$
Name of New Registered Agent	
<u></u>	
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and account the obligations of the position
i neveny accept ine appointment as registered agent. I am jamittar wi	in and accept the obligations of the position.
:	
Signature of New Re	gistered 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.

	e, and saily smith, si as an	Aua.	
Example: X Change	PT John Doe		
X Remove	V <u>Mike Jones</u>		
X Add	Sy Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	. 0	Address
1) Change	D 1205	stavo Dermudi	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Add Remove			1130 SW 109th Avenue Pembroke Pines, Fl. 33025
2) X Change	P be	v Hernandez	4424 Sw72nd Way
Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NIA
<u> </u>
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)
NA

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 document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 be 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	
hv ."	
(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.	
DatedQ	
Signature (Juen Mercerole.	
(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)	
appointed inductary by that inductary)	
(Typed or printed name of person signing)	
Prosident Incorporator	
(Title of person signing)	