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2019.1 -1 177 2: 58

Amend

AUG 07 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CHACON'S REM	ODELING CORP				
DOCUMENT NUMB	ER:					
	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
3	MARVIN CHACON					
_	• • • • • • • • • • • • • • • • • • • •	Name of Contact Person	<u> </u>			
(CHACON'S REMODELING CORP					
_	Firm/ Company					
4	4344 NW 9TH AVE APT 180 BLDG 11-3D					
_		Address				
I	POMPANO BEACH FL 330	64				
_		City/ State and Zip Cod	e			
ARNO	LDCHACON 127@GMAII	COM				
	E-mail address: (to be us	sed for future annual report	notification)			
T C		11.				
ror lumber information	concerning this matter, pleas	se can:				
MARVIN CHACON		954 at (867-6375			
Name of Contact Person		at (954) 867-6375 Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation





CHACON'S REMODELING CORP

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P190000535	46	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	4344 NW 9TH AVE APT 180 BLDG 11-3D	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	POMPANO BEACH FL 33064	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4344 NW 9TH AVE APT 180 BLDG 11-3D	
	POMPANO BEACH FL 33064	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	. Florida	
New Registered Office Address.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
Signature of New I	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: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
remove			
6) Change			
Add			<u>-</u> .
Remove			

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•••	

	08/01/2019	
The date of each amendment(s) :	doption:	, if other than the
date this document was signed.	21/2010	
Effective date if applicable:	01/2019	
	(no more than 90 days after amendment file date	•)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and share	holder
08/01/201 Dated	9	
Signature	Dela j	
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or sted fiduciary by that fiduciary)	
	MARVIN CHACON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	