P190000 69376

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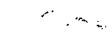
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LABRAS FRAMI	NG, INC.			
DOCUMENT NUM	D10000060376				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Joel Labra				
	Name of Contact Person				
	Labras Framing, Inc.				
		Firm/ Company			
	1165 Stanton Shadow Lane				
	Address				
	Apopka, FL 32712				
		City/ State and Zip Cod	e		
rlabra	ı08@gmail.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Joel Labra		at (937-8845		
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 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		Ameno	Address Iment Section		
	ision of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Labras Framing, Inc.

FILED

Latitas realiting, inc.	- , ,	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P19000069376	SHI SEP 18 P 12 MP	
	of Corporation (if known) :: [CDF TARY (영화원]A무단 TABLAHASSEE, FLORIDA	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	Thenew	
name must be distinguishable and contain the word "corporati "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:	1165 Stanton Shadow Lane	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Apopka, FL 32712	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1165 Stanton Shadow Lane	
(Marie 1997)	Apopka, FL 31712	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		
Name of New Registered Agent		
l Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		
Signature of New	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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add	. <u>-</u>		
Remove			
<i>δ</i>) Change		- 	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amenument usen.
	· · · · · · · · · · · · · · · · · · ·
<u>-</u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	ı
☐ 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):	11
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(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.	
Signature (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)	
Joel Labra	
(Typed or printed name of person signing)	
President	
(Title of person signing)	