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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RAMISA CUSTO	M MILLWORK, INC	
	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BYRON ARROYO		
-		Name of Contact Person	1
-		Firm/ Company	
	25130 MATHEW ST		
-		Address	· · ·
	CHRISTMAS FL 32709		
-		City/ State and Zip Cod	e
byrone	ed@msn.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
BYRON ARROYO		407 at (733-5600
Name o	of Contact Person	Area Code & Daytime Telephone Numb	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 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

RAMISA CUSTOM MILLWORK, INC	Ell En
(Name of Corporation	on as currently filed with the Florida Dept. of State
P19000074355	-2019 NOV 12 5 H
(Docum	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	SECRETARY OF STATES amendment(s) is Statutes, this Florida Profit Corporation (if known)
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(RESS</u>)
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	3 0
(Blatting address SIAT BE A POST OF TICE BO.	<u></u>
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Fiorida
	(City) (Zip Code)
N D. nist. and Agant's Cianatana if alternaina Davi	Fotomod Agents
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
•	
	CN D : C I :
Signe	ature 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 Doc. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
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	VD	HUGO ARAUJO	25130 MATHEW ST
Add			CHRISTMAS FL 32709
X Remove			
2) Change			
Add			
Remove			
3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the anendment if not contained in the amendment itself: (if not applicable, indicate N/4)	Attach <i>addition</i>	adding additional Anal sheets, if necessary,). (Be specific)	i <u>cela) nere</u> .			
provisions for implementing the amendment if not contained in the amendment itself:							
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(if not applicable, indicate N/A)	<u>nrovisions for</u>	int provides for an ex implementing the ar	<u>change, reclassifi</u> nendment if not c	<u>cation, or cancell</u> ontained in the a	<u>ation of issued sh</u> mendment itself:	iares,	
	(if not ap)	olicable, indicate N/A)					
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	11/06/2019	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	/301/0	
Effective date if applicable:	(2019)	
The control of the co	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the americant for approval.	endment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and s	hareholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and share	holder
11/06/2019 Dated		
	ector, president or other officer – if directors or officers have	
	by an incorporator – if in the hands of a receiver, trustee, or of diduciary by that fiduciary)	Other court
ı	SYRON ARROYO	
-	(Typed or printed name of person signing)	
ī	RESIDENT	
-	(Title of person signing)	