## P19000085332

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:AGC	) BROTHERS CARPENTRY INC			
DOCUMENT NUMBER: P190	000085332			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
	GUSTAVO GONZALEZ			
	Name of Contact Person			
Name of Conact i cison				
Firm/ Company				
Most Paly Beach FL 33415				
WOST PALM	REALL F/ 23415			
	City/ State and Zip Code			
AGO BROTHE	RS (ARPENTRY @ GHA iL . COM			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
GUSTAVO GONZALEZ	at (Sbt) 3855753  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## Articles of Amendment to

Articles of Incorporation

	of	r por acton		, 3
A60 BRO	of	C400 = 1001	2019 070 17	PX 2- 21
(Name of Corporat	THERS (	filed with the Flor	ida Dent, of State	11 2.51
	190000			,
		Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	da Statutes, this $F$	lorida Profit Corpo	ration adopts the f	following amendment(s) to
A. If amending name, enter the new name of the		1/A		The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	corporation," "co ;" or "Co". A	ompany," or "incorp		breviation "Corp.,"
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD			JA	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X</u> )		NA	
D. If amending the registered agent and/or registence new registered agent and/or the new registered		ess in Florida, ente	r the name of the	
Name of New Registered Agent		A) (A		
	(Florida stree	et address)		
New Registered Office Address:		Cavy —	, Florida_	(Zip Code)
		snyr		rzą Codej
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gistered Agent: I am familiar w	ith and accept the o	bligations of the pe	osition.
		ril a		
Sigi	nature of New Re	gistered Agent, if ch	anging	

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)

(Attach additional sheets, if necessary).

(Be specific)

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.

Mike Jones, V as Remove	, and Sal	lly 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	<u>P</u>	GUSTAVO GONZALEZ	5473 BASIL DRIVE
Add			West Palm BEACH Fl 33415
Remove			
2) Change	-		
Add			
Remove Change			
Add			
Remove			<del></del>
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove  6) Change			
Add			
Remove			
Kemove		Page 2 of 4	
F. If amending or addir	o additi	onal Articles, enter change(s) here:	

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F. If an amendment provides for an exchan	ige, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
(if not applicable, indicate :N/A)	ment if not contained in the amendment users.	
		<del></del>
	<u> </u>	
		<del></del>
	····	
	Page 3 of 4	
The date of each amendment(s) adoption: _		if other than th
date this document was signed.	11/4/2019	, ii outer than th
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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were and by the shareholders was/were	dopted by the shareholders. sufficient for approval.	The number of votes cast for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was	/were sufficient for approval
by		~
	(voting group)	. <del></del>
☐ The amendment(s) was/were acaction was not required.	dopted by the board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were acaction was not required.	dopted by the incorporators	without shareholder action and shareholder
Dated	12/12/201	9
Signature 🔼 🐪	<i>X</i> -X	
select		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ary)
	G	PUSTAVO GONZALEZ
		ted name of person signing)
		PRESIDENT
	(Title of person signing)	