P20 00000 5917

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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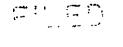
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JZ REMODELING	G CORP	
DOCUMENT NUM	P20000005917		<u>.</u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JULIO ZELEDON		
	JZ REMODELING CORP	Name of Contact Person	
		Firm/ Company	
	1037 SW 9 ST APT 2		
		Address	
	MIAMI FLORIDA 33130	City/ State and Zip Code	
For further information	E-mail address: (to be us	sed for future annual report	notification)
JULIO ZELEDON		at ()
Name	of Contact Person	Area Co)
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



JZ REMODELING CORE

2021 MAY 27 PM 1: 23

/Numa of Composition	an an approach Glad with the Florida Tare of Street
	on as currently filed with the Florida Dept. of State)
220000005917	
(Docum	nent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association." or the abbre	
Enter new principal office address, if applicable	<u> </u>
Principal office address <u>MUST BE A STREET ADD</u>	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BQ.	<u>X</u> /
 If amending the registered agent and/or register new registered agent and/or the new registered agent. 	
new registered agent and/or the new registered of	onice address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the position.
Signo	ature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	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	V	YOSELING RAFAEL URBINA	495 CLAY ST
X Add			LABELLE FL 33935
Remove			
2) Change			
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g additional Artiets, if necessary).	(Be specific)				
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an amendment pro	ovides for an excl	hange, reclassific	cation, or cancell	ation of issued	shares.	
rovisions for imple	menting the amo	endment if not c	ontained in the a	mendment itse	<u>:If:</u>	
(if not applicable	2, indicate N/A)					
				_		
			.		· · · ·	

	MAY 14, 2021	
The date of each amendment(s) date this document was signed.) adoption:	, if other than the
	4AY 14, 2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
The amendment of weeky are	approved by the charabolders through voting groups. The following statement	
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
must be separately provided	for each voting group entitled to vote separately on the amendment(s):	
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must be separately provided a	for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	
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must be separately provided of "The number of votes comby" by	for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval (voting group)	
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