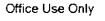
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COVER LETTER

TO: Amendment Section Division of Corporations I REMBE REMODELING CORP NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person I REMBE REMODELING CORP 6 SW 22Nd AVENUE Address AVDERDALE FL 33312 City/ State and Zip Code RENBERTO SALAZHE 04/15 C 9 HAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy

is enclosed)

Articles of Amendment

to Articles of Incorporation

I REMBE	REMODELING CO ly filed with the Florida Dept. of State)	水營
(Name of Corporation as current	ly filed with the Florida Dept. of State)	HILL
\mathcal{P} 800	00007380	122
	of Corporation (if known)	PH
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A professional corporation name must cor	htain the word
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1116 SW 22 MI Fort Lauderdale	Avenue FL 333
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
	and Avenue	
(Floride St	reet address)	
New Registered Office Address: Fort Laude	rdiale .Florida .	33312
,	(City)	7.ip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		on.
Signature of New F	Registered Agent, if changing	

Cleck if applicable

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

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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office h 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. Their 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 Cha-Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: \underline{PT} X Change John Doe X Remove <u>V</u> Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) ESPERANZA E. GONZALEZ-1579 SW 187AVEN 1) ____ Change PEMBroKEPINES A. ____ Add Remove 2) ____ Change Add _ Remove ___ Change ___ Add ___Remove 4) ____ Change ____ Add ____ Remove

5) ____ Change

____ Add

6) ____ Change

____ Add

____ Remove

____ Remove

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
Alpaie /Al/A	(Be specific)
WONE / N/A	
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	- Milder
<u> </u>	
	
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If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Above /NA	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
100100/1011	
,	

Effective date if applicable:
(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 document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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.
☐ 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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
Signature (By a director, president or other officer – it 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)
ESPERANZA E GONZALEZ (Typed or printed name of person signing)
(Typed or printed name of person signing)
THE VE
(Title of person signing)

date this document was signed.