P20 0000 18259

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#) ————
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LB MILLWORK I	NC	
DOCUMENT NUM	BER: P20000018259	· · · · · · · · · · · · · · · · · · ·	
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ISABEL MECHOSO		
		Name of Contact Persor	1
	I.B MILLWORK INC		
		Firm/ Company	
	9750 CARIBBEAN BLVD		
		Address	
	CUTLER BAY, FL 33189		
		City/ State and Zip Code	:
	pattysacctax@live.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas		979-6861
Name of Contact Person		at (Area Co)de & Daytime Telephone Number
•	or the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Ameno Divisio The C 2415 i	Address Ilment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

LB MILLWORK INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P20000018259	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
7	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	"Corp"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Florida	
Sew Registered Office Address. (City) (Zip Co	ider
	~• ⊻
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	¥:5: 820
	HVÍSIÐA D 2020 HAR
	6-1 73 35 73 47
Signature of New Registered Agent, if changing	¥αr
	PA State
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	3; <u>∔</u>
in the amendment(s) is are using their pursuant to s. 607.0120 (11)(e), r.s.	\circ

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		RUFINO BANOS	9750 CARIBBEAN BLVD
X Add				CUTLER BAY, FL 33189
Remove 2) X Change	VP		ISABEL MECHOSO	9750 CARIBBEAN BLVD
Add		_		CUTLER BAY, FL 33189
Remove 3) Change		_		
Add				
Remove 4) Change				
Add				
Remove				
5) Change Add		_		
Remove				
6) Change		_		
Add				
Remove				

	dding additional Ar sheets, if necessary).	. (Be specific)			
					
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	· date)
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing requirepartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for tufficient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
3-3-2020 Dated Signature	mulm	
(By a become	firector, president or other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, trustented fiduciary by that fiduciary)	
	ISABEL MECHOSO	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	