P20 0000 36202

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TO: Amendment Section **Division of Corporations** CJ HOME IMPROVEMENT CORP NAME OF CORPORATION: P20000036202 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS M CASTRO Name of Contact Person CJ HOME IMPROVEMENT CORP Firm/ Company 162 CAMBRIA GROVE CIRC Address DAVENPORT FL 33837 City/ State and Zip Code CARLOSMIGUELCASTRO55@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CARLOS CASTRO** 407 2761196 at (_ 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

to

	of Corporation as currently	filed with the Florida Dept. of State)	
P20000036202			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following	lowing amendmen
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			<u> –. </u>
			2020
C. Enter new mailing address, if appli	cable:		
	(Mailing address MAY BE A POST OFFICE BOX)		5
			ਸਰੂ '
			5
D. If amending the registered agent an			Ü
new registered agent and/or the new Name of New Registered Agent	v registered office address: CARLOS CASTRO		
	162 CAMBRIA GROVE C	CIRCLE	
	(Florida stre	et address)	
New Registered Office Address:	DAVENPORT	. 33	837
		, Florida City)	(Zip Code)
			•
New Registered Agent's Signature, if cl	hanging Registered Agent:	ith and accept the obligations of the posi	45
nereny accept the appointment as regist	erea agent 1 am jaminar w	un ana accept the obligations of the post	tion.
	Signature of New Re	gistered 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)

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.

Example:	DT	laha Da	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	vp	Jorge r Santiago	143 Cambria grove cir
Add			davenport fl 33837
Remove			
2) Change			
Add			
Remove 3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f amend	ing or adding additional Articles, enter change(s) here: Iditional sheets, if necessary). (Be specific)	
Attach a	utitional sheets, if necessary). (He specific)	
		
provisi	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself:	
(if	ons for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)	
<u> </u>		
		· · · · · · · · · · · · · · · · · · ·
		•
		

07/17/2020

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirement epartment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareh	older 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 the amufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	37	
	(voting group)	
07/17/200 Dated Signature		
	livector president or other officer - if directors or officers have	
	the hands of a receiver, trustee, or ited fiduciary by that fiduciary)	other court
-, p	CARLOS CASTRO	
	(Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	