## P20000075616

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JAN 275 2021 LALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:Evi	Duke Remodeling & Paint, Inc.
DOCUMENT NUMBER: 1200000	
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	Roberto Alarcon
	Name of Contact Person
	EviDuke Remodeling & Paint, Inc.
-	Firm/ Company
	8511 NW 8, St.
	Address
	Miami, FL 33126
<del></del>	City/ State and Zip Code
	Raalvarez.1987@gmail.com
E-mail add	dress: (to be used for future annual report notification)
For further information concerning th	
Roberto Alarcon	at (
Name of Contact Person	on Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corpora	
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 323	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

## Articles of Incorporation

of

EviDuke Remodeling & Paint, Inc.

(Name o	f Corporation as currently	filed with the Florida Dept. of Stat	<u>(e)</u>
	120000075	616	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Torida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp." "Inc." or "Co". A		bbreviation "Corp.,"
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A ST			~_^
			<del></del>
C. Enter new mailing address, if applications	cable:	NT/A	1,
(Mailing address MAY BE A POST (		N/A	
			ço.
			7,3
D. If amending the registered agent an		ess in Florida, enter the name of the	<u>e</u>
new registered agent and/or the new			
Name of New Registered Agent	Roberto Alarcon		
	8511 NW 8, St.		
	(Florida stre	et address)	
New Registered Office Address:	Miami	. Florida	33126
	1	City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ianging Registered Agent: ered agent. I am familiar æ	tth And accept the oblivations of the i	position
	A A		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
,			
<u></u>	<i>191</i>		
	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.

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	P	Alvarez, Roberto A.	8511 NW 8, St.
Add			Miami, FL 33126
X Remove			
2) Change	P	Alarcon, Roberto	8511 NW 8, St.
X Add			Miami, FL 33126
Remove 3) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
NONE	
	<del></del>
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
<del></del>	

· • • • • • • • • • • • • • • • • • • •	December 2, 2020	
The date of each amendment(		_, if other than the
date this document was signed.		
	December 7, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
Dece Dated	ember 2, 2020	
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Roberto Alarcon	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	