P20000089367

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SECRETARY OF SECRETARY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TWO BROTHERS	FENCES AND MORE CO	ORP
	BER: P20000089367		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOSE A TRUJILLO RODRI	GUEZ	
		Name of Contact Person	1
	TWO BROTHERS FENCES	AND MORE CORP	
		Firm/ Company	
	181 W 30 TH ST		
		Address	- · · · · · · · · · · · · · · · · · · ·
	HIALEAH, FL 33012		
		City/ State and Zip Code	2
	HONDARES@HONDARES	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	n concerning this matter, pleas	se call:	
JOSE A TRUJILLO	RODRIGUEZ	at (305	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

TWO BROTHERS FENCES AND MORE CORP)22 A
(Name of Corporation	n as currently filed with the Florida Dept. of State	
P20000089367		ARY SSE
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the f	following and dom
A. If amending name, enter the new name of the cor	rporation:	
		The nev
name must be distinguishable and contain the word "cor" lnc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev.	or "Co". A professional corporation name must	breviation "Corp.," contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
D. If amending the registered agent and/or registere		
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
Now Desire and Apont's Signature if showing Degin	stand tunnt	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. 1	am familiar with and accept the obligations of the pe	osition.

Signature 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)

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.

Xampie: XChange	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
Δ Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	ACELIDO GALINDO RODRIGUEZ	181 W 30TH ST
X Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change	<u>-</u>		
Add			
Remove			

	itional sheets, if nece	nal Articles, enter ch vssary). (Be specific)			
N/A					
/ -				***************************************	
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<u> </u>			· · · · · · · · · · · · · · · · · · ·		
	A		:Causian an annaella	tion of issued shows	
provision	oment provides for for implementing t	an exchange, reclass the amendment if not	contained in the an	rendment itself:	1
(if no	applicable, indicate	N/A)			
N/A			· · · · · · · · · · · · · · · · · · ·		
N/A			<u> </u>		
N/A	·				
N/A					
N/A			<u></u>		
N/A		J.,			
N/A					
N/A					

	adoption:, if other than
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was were adaction was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	12 h. /222
Dated	13/3//2022.
Signature	Ford 1
Signature	director, president or other officer – if directors or officers have not been
selecti	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	nted tiduciary by that fiduciary)
	JOSE A TRUJILLO RODRIGUEZ
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) PRESIDENT.