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(Red	questor's Name)	
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SECRETARY OF STATE

7/8/2

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:FLORID	A CUSTOM HOME DEVI	ELOPERS INC	
DOCUMENT NUMBI	CUMENT NUMBER:			
The enclosed Articles of	f Amendment and fee are so	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
		JUAN C CRUZ		
_		Name of Contact Perso	n	
	FLORIE	DA CUSTOM HOME DEV	ELOPERS INC	
_		Firm/ Company	·	
		7806 NEW YORK DR		
Address TAMPA, FL 33617				
City/ State and Zip Code			c	
	concerning this matter, plea		463-6068	
Name of Contact Person		at (Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made			
\$35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations In the control of Tallahassee In Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA CUSTOM HOME DEVELOPERS INC

(Name of Corporation as curre	ntly filed with the Florida Dept. o	f State)	
P21000009	136		
(Document Number	of Corporation (if known)		_
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adop	ts the following amer	ndment(s) t
A. If amending name, enter the new name of the corporation:			
N/A		The	Bazthar
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 professional corporation nam	the abbreviation "Co	rp., "
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · ·	
		ပ္	2 6 72
C. Enter new mailing address, if applicable;	N/A	CR	<u>-</u> 7
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u> </u>	<u>z</u> =
		<u> </u>	<u> </u>
		oF SSE	3
D. Marian P. al.		m _S	MH 3: 1-6
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		of the	£
N/A		• • •	
Name of New Registered Agent			
(Flavida	treet address)		
N/A	arcei adaress)		
New Registered Office Address:	, FI , (City)	orida (Zip Code)	_
	· · · · · · · · · · · · · · · · · · ·	TEID Code)	
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>		
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of	the position.	
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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ENYTIANDY RODRIGUEZ	9803 HARTTS DR
Add			TAMPA, FL 33617
X Remove			
2) Change	VP	ENITYANDY RODRIGUEZ	9803 HARTTS DR
Add Add			TAMPA, FL 33617
Remove 3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change		-	
Add			
Remove			
5) Change		-	
Add			
Remove			

	(Be specific)
\	
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· · · · · · · · · · · · · · · · · · ·	
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:
Α	

	N/A	, if other than the
The date of each amendment(s) ad date this document was signed.	option:	, it other than the
Effective date if applicable:		
	(no more than 90 days after amer	idment file date)
Note: If the date inserted in this bl document's effective date on the Dep		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes ficient for approval.	s east for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately of	
"The number of votes cast i	or the amendment(s) was/were sufficient for a	pproval
by		
,	(voting group)	
Dated	6-02-204	7
C!		
selected	rector, president or other officer – if directors, by an incorporator – if in the hands of a receded fiduciary by that fiduciary)	iver, trustee, or other court
	J	VAN C CRUZ
-	(Typed or printed name of person s	President
-	(Title of person signing)	