## P21000067254

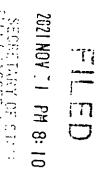
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AFP REMODELD	NG INC	
DOCUMENT NUM	BER: P21000067254		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ARLEN F PADILLA GONZ	ALEZ	
		Name of Contact Person	1
	AFP REMODELING INC		
		Firm/ Company	
	3500 UNIVERSITY BLVD 1	N Apt 201	
		Address	
	JACKSONVILLE, FL 32277	·	
		City' State and Zip Code	e
	oticinazorro(a/gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas GONZALEZ		1
Name	of Contact Person	Arca Co	)de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐ S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Dix P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2021 NOVI 1 PH 8: 10

AFP REMODELING INC	SECRETARY OF SUCE
(Name of Corporation as currently	filed with the Florida Dept. of States WASCLE.
P21000067254	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $I$ its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Recustored Office Address:	Florida
	City) (Zip Code)
New Registered Office Address:  //  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	

Check if applicable

 $\square$  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 Solly Smith, SV as an Add.

X_Change	PT	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Đ	Gelin Karina Gonzalez	3500 UNIVERSITY BEVD N
$\frac{X}{X}$ Add			APT 201
Remove			JACKSONVILLE, FL 32277
2)Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	vets, if necessary). — (i	Be specific)			
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			····		<u> </u>
<del></del>			<del></del>		
<del></del>				<del> </del>	
an amendment ne	ovides for an exchang	an reelassificatio	n ac cancellation	of issued shares	
rovisions for impl	ementing the amenda	ment if not conta	ined in the ameno	lment itself:	
(if not applicabl	le, indicate N/A)				
	<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	
		·		<del></del>	······································
<del></del>					

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable:</u>		
	tho more than 90 days after amendment file o	late)
<b>Note</b> : If the date inserted in this bl locument's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were ado by the shareholders was were sur	pted by the shareholders. The number of votes cast for the fficient for approval.	: amendment(s)
	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes east t	or the amendment(s) was were sufficient for approval	
bv	į.·	
,	(voting group)	
Dated	2/21	
	rector, president or other officer – if directors or officers h	
	, by an incorporator – if in the hands of a receiver, trustee, ad fiduciary by that fiduciary)	or other court
-	Arlen & Padilla	
	(Typed or printed name of person signing)	
	Pres.	
_	(Title of person signing)	