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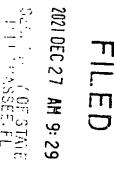
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C. BRUMBLEY JAN 1 3 2022

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: AFP REMODELING INC DOCUMENT NUMBER: P21000067254 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Arlen Padilla Name of Contact Person AFP REMODELING INC Firm/ Company 3500 UNIVERSITY BLVD N Apt 201 Address JACKSONVILLE, FL 32277 City' State and Zip Code OficinaZorro@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Arlen Padilla at (904) 521-5761

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & S35 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 is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Λ	GD.	D = C	CAL	DIST	ING	DMC.

APP REMODELING INC			
1 .	n as currently filed with the Flor	rida Dept. of State)	
P21000067254			
(Docume	ent Number of Corporation (if kno	(WII)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the follow	ing umendment(s) to
A. If amending name, enter the new name of the cor	poration:		
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corpe		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)		~)
		- 1	
		<u> </u>	
C. Enter new mailing address, if applicable:			C 2
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	· ·	7
		() () () ()	
			ن ت
			2
D. If amending the registered agent and/or registere	d office address in Florida, anto	• •	w
new registered agent and/or the new registered or		the name of the	
None and Arman Barrier and Land			
Name of New Registered Agent			— —
			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(Сіқ)	(Zi _l	n Coder
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the o	bligations of the position	,
		voiganionio vy voc positioni	
Signat	ure of New Registered Agent, if ch	nanging	

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)

Example:

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 officeredirector 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	PT	John Doc		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	ν.	Angel Ramiro Lanza Lopez	3500 UNIVERSITY BLVD N	
Add			APT 201	
X Remove			JACKSONVILLE, FL 32277	
Change	D	Gelin Karina Gonzalez	3500 UNIVERSITY BEVD N	
Add			APT 201	
X Remove	V	Garnier Junior Saget	JACKSONVILLE, FL 32277 3500 UNIVERSITY BLVD N	
X Add			APT 201	
Remove			JACKSONVILLE, FL 32277	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			· · · · · · · · · · · · · · · · · · ·	
6) Change				
Add				
Remove				

If amending or adding additional i (Attach additional sheets, if necessar)	γί. (Be specific)
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<u>f an amendment provides for an e</u>	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	imendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1
	· · · · · · · · · · · · · · · · · · ·
·	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable:</u>		
·	tno more than 90 days after amendment fit	le date)
Note: If the date inserted in this blocument's effective date on the Di	lock does not meet the applicable statutory filing requi- epartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
■ The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for ifficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The feedach voting group entitled to vote separately on the amount	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
Dated 12-	10-21 1101 F. Padillu	
Signature _ 🔏 🔏 (By a d	1197 F. Padilla rector, president or other officer - if directors or officers	s have not been
selecte appoin	I, by an incorporator – if in the hands of a receiver, trusteed fiduciary by that fiduciary)	ee, or other court
	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, trust ed fiduciary by that fiduciary) AVIGAT (Typed or printed name of person signing) (Title of person signing)	
	ALCA (Title of person signing)	