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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CALVILLO'S FRA	AMING SOLUTIONS INC	· 		
DOCUMENT NUME	BER: P21000079550				
The enclosed Articles	of Amendment and fee are su	bmitted for tiling.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Luis E. Calvillo Beltran				
		Name of Contact Persor	1		
	CALVILLO'S FRAMING SOLUTIONS INC.				
•	Firm/ Company				
	5213 GABBY CT.				
	Address				
	PLANT CITY, FL 33565				
	City/ State and Zip Code				
	maldonado_solutions@outlo	ok.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
Luis E. Calvillo Beltra	າາ	aı (<u></u> 813	458-7997		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	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)		
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee FL 32303		

Articles of Amendment to Articles of Incorporation of

CALVILLO'S FRAMING SOLUTIONS INC.

(Name of Corporation as cur	arrently filed with the Florida Dept. of State)
P21000079550	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	on:
	The new
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 "	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u></u>
	<u> </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 registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	ddress:
Name of New Registered Agent	
(Flori	rida strect address)
	,
New Registered Office Address:	, Florida, Florida
	(7.1) Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam	riliar with and accept the obligations of the position.
Signature of A	New Registered Agent, if changing
Signature of W	ten negalerea ngem, y enanging
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, an 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 = Trustce; C = Chairman or Clerk; CEO = Chie 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 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	TINA M. CALVILLO BELTRAN	5213 GABBY CT
Add			PLANT CITY, FL 33565
X Remove			·
2) Change		_	
Add			
Remove Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	<u> </u>
Add			
Remove			
6) Change		_	-
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
	•			
				•
		<u></u>		
				
		•		
f an amendment provides for an excl	iange, reclassification, or	cancellation of issued	shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itse	<u>lf:</u>	
<u>.</u>				<u>-</u>
				_
				-
				-

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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment)	at file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. To must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approx	ral
by(voting group)	"
(voting group)	
Dated 10 - 29 - 21 Signature 1013 CAIVIIO	
Signature 1013 CAIVILO	
(By a director, president or other officer – if directors or offi selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	
Luis E. Calvillo Beltran	
(Typed or printed name of person signing	3)
President	
(Title of person signing)	_