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### **COVER LETTER**

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Division of Corporations NAME OF CORPORATION: LICEA STUCCO FRAMING AND DRYWALL INC DOCUMENT NUMBER: P21000096242 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LICEA, JOSE L Name of Contact Person LICEA STUCCO FRAMING AND DRYWALL INC Firm/ Company 816 Willard Ave Address LEHIGH ACRES, FL 33972 City/ State and Zip Code FANY73849@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE LICEA at (954 ) 330-9692

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: ☐ S35 Filing Fee ■\$43.75 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)

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

# Articles of Amendment to Articles of Incorporation of

LICEA STUCCO FRAMING AND DRYWALL INC		
(Name of Corporation	on as currently filed with the Fl	orida Dept. of State)
		<u> </u>
(Docum	ient Number of Corporation (if ki	חשטר)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amendmen
A. If amending name, enter the new name of the co	rporation:	
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 car	The new prporated" or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	-	<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
	<del></del>	
D. If amending the registered many and the		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered o</li> </ul>	ed office address in Florida, ent office address:	er the name of the
Name of New Registered Agent		
ушие от учи недалетей ядели		
·	/F2 : 1	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	itered Agent	
hereby accept the appointment as registered agent. $I$	am familiar with and accept the	obligations of the position.
Signate	ure of New Registered Agent, if c	housing
	с ој лен подметец мует, IJ C	nungmg
Check if applicable  The approximent(s) is fare being filed nonecons as a con-	77.0130 (11) ( ) = =	
$\square$ The amendment(s) is/arc being filed pursuant to s. 60	17.0120 (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>	<u>Iohn Doe</u>	
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
l) Change	VP	FANY Y RAMOS VALLADARES	816 WILLARD AVE
Add			LEHIGH ACRES, FL 33972
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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δ) Change			
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If an amendment provides for an ex	change, reclassification	on, or cancellation	of issued shares,	
Provisions for undiguesting the an	change, reclassification	on, or cancellation vined in the amend	of issued shares, lment itself:	
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Provisions for undiguesting the an	change, reclassification	on, or cancellation	of issued shares,	
Provisions for undiguesting the an	change, reclassificationendment if not control	on, or cancellation	of issued shares,	

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The date of each amendment(s) adoption:, if other t
date this document was signed.  0711/2024
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
Dated $07/11/24$
Signature
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JOSE L LICEA
(Typed or printed name of person signing)
PRESIDENT

the

the

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LICEA STUCCO	FRAMING AND DRYWA	ALL INC
	BER: P21000096242		
The enclosed Article.	s of Amendment and fee are st	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	LICEA. JOSE L		
		Name of Contact Perso	n
	LICEA STUCCO FRAMINO	G AND DRYWALL INC	
		Firm/ Company	
	816 Willard Ave		
		Address	
	LEHIGH ACRES, FL 33972		
		City/ State and Zip Cod	e
	FANY73849@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea		330-9692
Name	of Contact Person	at (area Co	) 330-9692 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LICEA STUCCO FRAMING AND DRYWALL INC

LICEA STUCCO FRAMING AND DRYWALL INC	··	
(Name of Corporati	ion as currently filed with the Florida D	ept. of State)
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new name of the co	orporation:	
name must he distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbro	" or "Co" A professional corporation	The new d'' or the abbreviation "Corp.," a name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	<u>e:</u> DRESS )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u> )	
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the n	ame of the
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:	(City)	Florida
New Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent. I	I am famíliar with and accept the obligation	ons of the position.
Signa	tture 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	PT	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>	Address
1) Change	VP	FANY Y RAMOS VALLADARES	816 WILLARD AVE
Add			LEHIGH ACRES, FL 33972
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change		-	
_ Add			

Attach additional sheets, if necessary).	(Be specific)	
		-
*		
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
covisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
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covinions for furblementing the amen	ange, reclassification, or cancellation of issued shares, and ament if not contained in the amendment itself:	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_	1/2024	
	(no more than 90 days after amendment file da	ite)
<b>Note:</b> If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, 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 share	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the a afficient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ving statement vent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	07/11/24	
Signature	Jose licea	
selected	rector, president or other officer – if directors or officers hav i. by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	e not been r other court
	JOSE L LICEA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>