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of 3/31/2022

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Remodelag (2)
DOCUMENT NUMBER:	0000 15143
The enclosed Articles of Amendment and fee are subr	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Pon Don lem	Name of Contact Person Remodeing INC Firm/ Company X NE 19 19 20 0 Address Pano FC 33000 City/ State and Zip Code Okeling Inc @Gmail. com d for future annual report notification)
For further information concerning this matter, please	call:
Devight Matter Name of Contact Person	eZ at (954) 477 0837 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2022 HAR 21 PM 4: 32

(Name of Corporation as currently	filed with the Florida Dept. of State
Tem Remodeling C	0 (220006455143
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	,
DSM Remodeling	The new
name must be distinguishable and contain the word "corporation," "d" "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.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	408 NE 19Trave Pempand FL 35060
(Principal office address MUST BE A STREET ADDRESS)	Dem DAND FL 35060
	47.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	108 Ne 19 due Pompondo FL 37050
	PenDOND EL 27050
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
N = 01 = 0 10 10 10 10 10 10 10 10 10 10 10 10 1	1- Matinez
400	Ny 19 mare
(Florida stre	et address)
New Registered Office Address:	rel address) NO Florida 3306 City) Tip Code)
, , ,	erryr
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Signarare of New

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 Doc		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>-</u> <u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change			NH	
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
A dd				
Remove				
5) Change		_		•
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending of (Attach addition)	or adding additional onal sheets, if necessa	Articles, enter ch (Be specific A)			
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. If an amends	nent provides for an	exchange, reclass	sification, or car	ncellation of issu	ed shares.	
provisions fo	or implementing the oplicable, indicate N/.	amendment if no	t contained in t	he amendment i	tself:	
•						
	NA					<u> </u>
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The date of each amendment(s) adopt date this document was signed.	ion:	6/22	, if other than the
Effective date <u>if applicable</u> :	(no more than 90	1 LL 2 days after amendment fil	e date)
Note: If the date inserted in this block document's effective date on the Depart		able statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or b	ward of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		number of votes cast for	the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes east for t	he amendment(s) was/wer	re sufficient for approval	
by Durght	(voting group)		
Dated	1422		
selected, by	or, president or other offic an incorporator – if in the iduciary by that fiduciary)	hands of a receiver, trust	
	Dwlah (Typed or printed r	T Muft, name of person signing)	Ne 2
		Presiden T	
 "	(Title of person sig	ning)	