P220000 36130

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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: MASTER OPTION	S REMODELATION COI	RP
DOCUMENT NUMBER	P22000036130		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
WE	NDY M CHAVEZ		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	
MA	STER OPTIONS REMO	DELATION CORP	
		Firm/ Company	
311	I TURTLE CREEK PL		
		Address	
KIS	SIMMEE FL 34743		
		City/ State and Zip Code	
SES	SY555@YAHOO.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas		
WENDY M CHAVEZ		at (501-1493
Name of Co	ontact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	riment 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)
Amendn Division P.O. Boy	Address nent Section of Corporations c 6327 see, FL 32314	Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 essee, FL 32303

Articles of Amendment to Articles of Incorporation of

2022 JUL 23 7H 10: 31

MASTER OPTIONS REMODELATION CORP			
(Name of Corporation a	s currently filed with the	e Florida Dept. of State)	
P22000036130			, .
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	itutes, this Florida Profit	Corporation adopts the follow	ing amendment(s) t
A. If amending name, enter the new name of the corpo	oration:		
			The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviat	"Co". A professional		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)		
			
	-		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		, , , , , , , , , , , , , , , , , , ,	
D. If amending the registered agent and/or registered of	office address in Florida	anter the name of the	
new registered agent and/or the new registered office		enter the name of the	
Name of New Registered Agent			
Name of New Negasierea Agent			
	(Florida street address)		 -
	, , , , , , , , , , , , , , , , , , , 	***	
New Registered Office Address:	(City)	, Florida	r Code)
	•	•	
New Registered Agent's Signature, if changing Register	red Agent:	a da esta esta esta esta esta esta esta est	
hereby accept the appointment as registered agent. I am	i familiar with and accept	the obligations of the position	
Signature	e of New Registered Agent	, if changing	
Check if applicable			
леск и аррисави			

☐ 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 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.

X Change	PT	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	JONATHAN TRIVINO MANCERA	3111 TURTLE CREEK PL
Add				KISSIMMEE FL 34743
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				·
Remove				
4) Change		_		
Add				<u> </u>
Remove				
5) Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

(Atta	mending or adding additional Article ach additional sheets, if necessary). (Be specific)	, 110 t C.			
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. <u>If ar</u>	namendment provides for an exchan ovisions for implementing the amend	ge, reclassification	n, or cancellatio	n of issued shar	·es.	
<u> </u>	(if not applicable, indicate N/A)	ment if not contain	<u></u>	<u></u>		

if other than the
ot be listed as t
areholder

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