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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TRUIZ REMODE	LING AND PAINTING IN	C		
DOCUMENT NUME	BER: P22000082035				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	JUAN ANTONIO BARTOLOMES RUIZ				
	Name of Contact Person				
	Firm/ Company				
	1521 SW 47TH TER				
		Address			
	FORT LAUDERDALE, FL 33317				
		City/ State and Zip Code	2		
	TAMALV7906@GMAIL.CO	OM .			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas RTOLOMES RUIZ	se call: 786	, 271-9057		
Name o	of Contact Person		le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:		
■ \$35 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)		
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 A		1	51 ANN 8888
	to Articles of Inc		•	10
	of	. •		
J RUIZ REMODELING AND PAINTIN	G INC		-	σ ₁
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)		
P22000082035				 1
	(Document Number o	of Corporation (if known)	· ·	<u>(</u>) (၁
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the foll	owing amer	idment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The	new
	Sorp," "Inc," or "Co"	company," or "incorporated" or the abbre A professional corporation name must co "		
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A		- <u>-</u>
				
D. If we discount to the state of the state of	#/	Plant and Ed		_
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	N/A			
	(Florida su	reet address)		
New Registered Office Address:		, Florida		
		(Cuy)	(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar i	with and accept the obligations of the posit	ion.	
	Signature of New R	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 = Trustce; 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 D	<u>oe</u>	
X Remove	<u>V</u>	Mike J	ones	
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
1) Change	V		TAMARA ALVAREZ SANCHEZ	1521 SW 47TH TER
X Add		_		FORT LAUDERDALE, FL
Remove				33317
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
_ Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
DDING A NEW SHAREHOLDER.	•
<u> </u>	
If an amendment provides for an excl	bange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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	NOVEMBER 9, 2022	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes east for the amendment(s) tent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	2022 KUV 16
	he amendment(s) was/were sufficient for approval) / lo
by	(voting group)	
	(voung group)	
11/00/2022		1
11/09/2022 Dated	Λ	3 8
Signature Bali		
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
JUA	AN ANTONIO BARTOLOMES RUIZ	
_	(Typed or printed name of person signing)	
PRI	ESIDENT	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title of person signing)	

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