Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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P.001/006

COR AMND/RESTATE/CORRECT OR O/D RESIGN TORRES FENCE DESIGNS INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TORRES FENCE DESIGNS INC.
DOCUMENT NUMBER: P23000028069
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LUCLA ESTRELLA Name of Contact Person LICENSES & PERM, TS Firm/ Company
Name of Contact Person
LICENSES & PERMITS
Firm/ Company
Firm/ Company 8300 We ST Flac Lon ST Address M. Am., Fc. 33144 City/ State and Zip Code L. CENSES 114 @ G. HALL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Address
MAMI, FC. 33144
City/ State and Zip Code
LICENSES 114 @ GHAIL COM
E-mail address: (to be used for future annual report notification)
22. 23
For further information concerning this matter, please call:
Lucia EsTrella 11 (305) 226-8727
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
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

TORRES FENCE DESIGNS INC.

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with the Florid	a Dept. of State)	
P23000028069			
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporal	tion adopts the following amendm	ent(s) to
A. If amending name, enter the new name of the corporation	n:		
TORRES ORNAMENTAL DESIGNS INC	- X		
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 "F	4 DECIDENCIANO COMPAN-4.	ion name must contain the porc	
		73 \$	41 N N N N N N N N N N N N N N N N N N N
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>	77
(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u>550</u>	
C. Enter new mailing address, if applicable:		<u> </u>	(Caree
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
		ω.	
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the	name of the	
new registered agent and/or the new registered office addr	.c18;		
Name of New Registered Agent			
(Florida	street address)	 _	
	,		
New Registered Office Address:	(City)	, Florida	
	(City)	(ZIp Code)	
iew Registered Agent's Signature, if changing Registered Age	mt:		
hereby accept the appointment as registered agent. I am familia	r with and accept the obligat	ions of the position	
		and planting.	
Signature of New	Registered Agent, if changing	8	
heck 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:

A_Cnange	PT	<u>Iohn Dog</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	DIR	ENRIQUEZ CASTELLANO,	218 W HIAWATHA ST
X Add		CARJOS JESUS	TAMPA, FL 33604
Remove			2023
2) Change			SEP SEP
Add			
Remove Change			जूर म
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

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(if not applicable, indicate N/A)	nge, reclassification, lment if not containe	or cancellation of indicate the distribution of the smendmen	sued shares.		
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(if not applicable, indicate N/A)	nge, reclassification. Iment if not containe	or cancellation of in	sued shares,		

The date of each amendment(s) adoption	09/19/2023	
date this document was signed.	·	if other than the
Effective date f applicable: 09/19/202	3	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date out of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved by must be separately provided for each vol	y the shareholders through voting groups. The following statement: ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval voting group)	D 45
by		.co. b .co. b
(voting group)	R 9
09/19/2023 Dated): 23
Signature	mo	, =
selected, by an i	resident or other officer - if directors or officers have not been neorporator - if in the hands of a receiver, trustee, or other court arry by that fiduciary)	
RUSLA	N TORRES TORRES	
	(Typed or printed name of person signing)	
PRESIDI	ENT	
	(Title of person signing)	