P23000042107

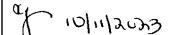




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COVER LETTER

* TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	VTION: Triay Reconstructi	on and Remodeling Inc		
DOCUMENT NUMBI			<u></u>	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
,	Alberto Triay Mustelier			
_	- -	Name of Contact Person		
	friay Reconstruction and Re	modeling Inc		
_ -	·	Firm/ Company	· -	
(66 NW 114th Ave Apt 204			
_		Address		
1	Miami FL 33172-3569			
_		City/ State and Zip Code		
;	ilberttriay0@gmail.com			
_		sed for future annual report	notification)	
For further information Alberto Triay Mustelie	concerning this matter, plea	se call: at (345-2365	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Amendment to Articles of Incorporation

of

2023 SEP 26 ## 7: 20

TRIAY RECONSTRUCTION AND REMODELING INC

(<u>Name of Corpora</u>	ation as currently f	led with the Florida De	ept. of State),	
P23000042107			• •	
(Doc	ument Number of C	orporation (if known)		
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	ida Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the	corporation:			The new
name must be distinguishable and contain the word ' 'Inc.,'' or Co.,'' or the designation "Corp,'' "In 'chartered.'' "professional association,'' or the abl	c," or "Co". A p	npany," or "incorporated rofessional corporation	d" or the abbrevic name_must_con	ttion "Corp.,"
Catanana minimal office address if another transfer	L1	N/A		
 Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AI</u> 				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u>30X</u> 1			
	_			
		•		
 If amending the registered agent and/or registered agent and/or the new registered 		s in Florida, enter the n	iame of the	
N/A				
Name of New Registered Agent				
	(Florida street	addressi		
N/A		,		
New Registered Office Address:		(y)	Florida /Z:	ip Code)
		•		•
lew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent		and accept the abligati	ane at the pacitio	.
истему иссера те суротители из гезиметей изет	. ranjanuar wur	i ana accept the obligati	онь од те розию	· 1,
Sig	znature of New Regi	stered Agent, if changin	ζ.	

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)

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, SF as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	Alberto Triay Mustelier	666 NW 114th Ave Apt 204
Add			Miami FL 33172-3569
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

٠,	nal sheets, if necesso					
						
				<u> </u>		
-						
		_			.	
					 -	
				-		
<u>f an amendn</u>	ent provides for at	<u>i exchange, re</u> c	classification,	or cancellation	of issued share:	<u> </u>
provisions fo	r implementing the	<u>: amendment i</u> 2 G	t not containe	ed in the amend	ment itself:	
	plicable, indicate N	.41				
						<u> </u>
						_
						
				-		
		_				<u>-</u>

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	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for th fficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The fol- each voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/20/2023		
Dated	NH N	
Signature	Marie 11	
(By a d	rector, president or other officer - if directors or officers	
	 d, by an incorporator – if in the hands of a receiver, trusted led fiduciary by that fiduciary) 	e, or other court
арропт		
	Alberto Triay Mustelier	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)