P23000043293

(Reque	stor's Name)	
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(City/Si	tate/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
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2024 OCT -8 PM 2: 08 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CARRILLO REM	ODELING CONSTRUC	HON & MOLDING, INC
DOCUMENT NUM	BER: P23000043293		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Guideman Posso		
		Name of Contact Pers	on
	Tmi Group Tax and Account	ing Solution	
		Firm/ Company	
	8691 Fort Jefferson Blvd		
		Address	
	Orlando, Florida 32822		
		City/ State and Zip Co	ode
	tmitaxinfo@gmail.com		
	E-mail address: (to be us	sed for future annual repo	ort notification)
For further informatio Amilear Carrillo	on concerning this matter, pleas		718-6680
Name	of Contact Person	at (Area (718-6680 Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ame Divis The	et Address Inducent Section It is a control of Corporations Centre of Tallahassee In Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CARRILLO REMODELING CONSTRUCTION & MOLDING, INC..

(Name of Cornorati	on as currently filed with the Florida Dep	t of State)
P23000043293	on as currently theo with the Proriet Sep	o or state)
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> a	dopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
CARRILLO CONSTRUCTION & MOLDING-TRIM		T!
name must be distinguishable and contain the word "ce "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional corporation n	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Y 1	
(Maning address MAT BE A TOST OFFICE BO	<u></u>	-
		
D. If amending the registered agent and/or register new registered agent and/or the new registered		ne of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligation	s of the position.
CV.	CN D	The same of the sa
Signa	tture of New Registered Agent, if changing	AY OF PARTY OF THE
Check if applicable	(07.0120 / L1) / .) F.C	Powers -
☐ The amendment(s) is/are being filed pursuant to s. 6	007.0120 (11) (c), F.S.	5. 5. € 1. € 1

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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			2024 OCT - 8 SECRETARY PALUAHA
Add			FIG. 14 OCT
Remove			
			T-8 PM 2: 08 NAHASSEE, FL

	(Be specific)
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<u>, </u>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

TIME

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s.	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,;;;	
•	(voting group)	
09/27/20: Dated	24	
Signature	Amilca Carillo	
	director, president or other officer - if directors or officers have not ted, by an incorporator - if in the hands of a receiver, trustee, or other	
	inted fiduciary by that fiduciary)	.i court
	Amilcar Carillo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

FILED

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SECRLIARY OF STATE
TALLAHASSEE, FL