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TO: Amendment Sect Division of Corp			TOTAL TARY OF FLORIDA
NAME OF CORPOR	RATION: INTERIORS BY F	R AND B SERVICES INCORPORATED	The state of the
DOCUMENT NUMI	P96000077977		SCHOOL ST
	of Amendment and fee are su	ibmitted for filing.	Cart 6
Please return all corre	spondence concerning this ma	tter to the following:	E.
	RHONDA SEXTON		
		Name of Contact Person	
	SEXTON HOUSE INTERIC		
		Firm/ Company	
	2439 SW 35TH AVE		
		Address	
	DELRAY BEACH, FL 3344	5	
		City/ State and Zip Code	
SEXT	FONRHONDA@GMAIL.CO	M	
	E-mail address: (to be us	sed for future annual report notification)	
For further informatio	n concerning this matter, pleas	se call:	
RHONDA SEXTON		at (561) 4450660	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Department of State:	
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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	
		Clifton Building	
		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INTERIORS BY R AND B SERVICES INCORPORATED

		<u> 12-0</u>
(Name of Corporation a	as currently filed with the Florida Dept. of State)	مر کر
P96000077977		J. C. C. C.
(Document	Number of Corporation (if known)	0,7
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the follo	owing amendin
A. If amending name, enter the new name of the corpo	eration:	
N/A		Tt
name must be distinguishable and contain the word "a "Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	Inc," or "Co". A professional corporation name m	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	N/A (SS)	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA	
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the	
new registered agent and/or the new registered office		
N/A Name of New Registered Agent		
Hame of New Acgistrea Agent		
	(Florida street address)	
N/A	ra - 1	
New Registered Office Address: 1873	(Civ) Florida	Zip Code)
	(City)	Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an		
тальну ассерств арронатені as registerea agent. Тап	n jamuaa wan ana accept the ontigations of the positi	υн.
, ;		
12/20		
Signatur	e of New Registered Agent, if changing	

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 Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

	ch additional sheets, if necessary). — (Be specific)
VA	
	· · · · · · · · · · · · · · · · · · ·
	•
. <u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
ŒORC	GE BEAVER IS TO RECEIVE 40 ADDITIONAL SHARES OF STOCK
 -	
HONI ———	DA SEXTON IS TO RELEASE 40 SHARES OF STOCK
HON	DA SEXTON AND GEORGE BEAVER WILL NOW EACH HAVE 50 SHARES OF STOCK EACH
 -	

	N/A
The date of each amendment(s)	doption:, if other than the
date this document was signed.	
N/. Effective date <u>if applicable</u> :	
Enterve date it applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by N/A	••
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Signature (By a select	director president or other officer – if directors or officers have not been and, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	RHONDA SEXTON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

. . .