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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: National Millwork	. Inc.			
	BER: P98000051193				
	s of Amendment and fee are su				
Please return all corr	espondence concerning this ma	ntter to the following:			
	Roman Basi				
		Name of Contact Person	n		
	The Center for Financial, Legal & Tax Planning, Inc.				
		Firm/ Company			
	4501 West DeYoung, Suite 2	200			
		Address			
	Marion, Illinois 62959				
		City/ State and Zip Cod	e		
	rbasi@taxplanning.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Roman Basi		at (618	997-3436		
Name of Contact Person		Area Co) 997-3436 de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

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National Millwork, Inc.		2022 FEB -7 PM 3: 52
(Name of Corpora	ation as currently filed with the F	Torida Dent. of State)
P98000051193		SECRETARY OF STATE TALLAHASSEF, FL
(Doc	ument Number of Corporation (if k	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Co.	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the EFLA, Inc.	corporation:	
		The new
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	c," or "Co". A professional con	orporated" or the abbreviation "Corp.," rporation name must contain the word
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL	ole: DDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
D. If amending the registered agent and/or regist	tered office address in Florida, er	nter the name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
Naw Dagistared Agant's Cianasan (C. L.,		
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.	<u>egistered Agent:</u> . I am familiar with and accept the	obligations of the position.
	ZV B	
Sig	mature of New Registered Agent, if	changing
Check if applicable		
□ The amendment(s) is/are being filed pursuant to s	i. 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	_Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add			<u> </u>	
Remove 3) Change				
Add				
Remove				
4) Change			_	
Add		_		
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change				
Add		_	14	
Remove				
6) Change				
Add	_	_		
Remove				

	adding additiona) , al sheets, if necessar	y). Be specific	9			
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	 -				<u> </u>	
an amendmen	t provides for an e	xchange, reclass	<u>ification, or can</u>	<u>cellation of issu</u>	<u>ed shares,</u>	
if not anali	mplementing the a cable, indicate N/A	<u>:mendment if no</u> (\	<u>t contained in th</u>	ie amendment i	tself:	
(у погирула	cane, marcine ma	,				
<u> </u>				<u> </u>		
_ <u>_</u>						
						
						

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**	January 3rd, 2022	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory bepartment of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of vosufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	proved by the shareholders through voting gror each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for	r approval
by		
•	(voting group)	
January 3 Dated	rd. 2022	
	John 1. Lo	
selec	firector, president or other officer – if directored, by an incorporator – if in the hands of a recorted fiduciary by that fiduciary)	s or officers have not been ceiver, trustee, or other court
	Michael Bosco	
	(Typed or printed name of person	signing)
	President	
	(Title of person signing)	