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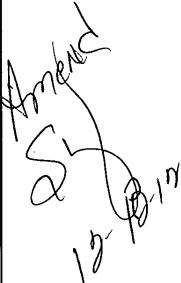
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARTIN RE	MODELING CON	NTRACTORS, INC	
	_{BER:} P990004989			
	of Amendment and fee are su			
Please return all corre	espondence concerning this ma	atter to the following:		
	ELIER MARTIN			
		Name of Contact Person	n	
	MARTIN REMDE	LING CONTRA	CTORS, INC	
		Firm/ Company		
	425 SE 9 AVE			
		Address		
	HIALEAH, FL 33	010		
		City/ State and Zip Cod	e	
EL	IERMARTIN@YA	ноо.сом		
	E-mail address: (to be us		notification)	
For further information	on concerning this matter, pleas	se call:		
ELIER MAR	TIN	at (786	, 258-3343	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	iling Address	Street	Address	
Amendment Section		Amendment Section		
	vision of Corporations	Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
•		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

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MARTIN REMODELING CONTRACTORS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000049894

ent(s) to

(Document Number of	f Corporation (if known)	<u>.</u>
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation adopts th	e following amendm
A. If amending name, enter the new name of the co	orporation:		
	· · · · · · · · · · · · · · · · · · ·		The ne
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u>.</u>
			
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		Florida, enter the name of th	<u>e</u>
Name of New Registered Agent			
Nume of New Registered Agent			
	(Florida street addre	ess)	
New Registered Office Address:		, Florida	
	(City)		Code)
New Registered Agent's Signature, if changing Registered agent.	gistered Agent:	faccent the obligations of the	nosition
i notory accept the appointment as registered agent.	- will forcine the 17 1811 141111	- accept the congunions of the	p
G: AM	/ D - i-4 J 4 i-4	C-L	

Signature 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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change	VP		LUIS MARTIN	425 SE 9 AVE
XX Add		_		HIALEAH FL 33010
Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		· —-		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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. If an amendment prov	idaa fay on ayah	ones modessifis	ation on compalling	ladios eficació d	.
provisions for implen	<u>ienting the amer</u>	ndment if not co	ntained in the a	mendment itself:	mares.
(if not applicable,	indicate N/A)				
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The date of each amendment(s)	adoption: 12/05/2012
Effective date if applicable:	2/05/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_12/06	5/2012
Signature	2 /2 /2
(By a	a director, president or other officer - if directors or officers have not been
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court
арро	ointed fiduciary by that fiduciary)
	ELIER MARTIN
	(Typed or printed name of person signing)
•	PD
	(Title of person signing)