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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MASTER WOOD WORK INC P99000105686 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS R AGUILAR Name of Contact Person Firm/ Company 2213 NW 26 AVENUE Address MIAMI FL 33142 City/ State and Zip Code MASTERWOODWORK@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at () 582-5043 Area Code & Daytime Telephone Number CARLOS AGUILAR Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fcc Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32314

Florida Grantauent of State

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MASTER WOOD WORKING. (Name of Corporation as currently filed with the Florida Dept. of State) P99000105686 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 officerhalizector 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 Doc 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>	<u>Ioha Doc</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	٧Þ	HECTOR AGUILAR	2213 NW 26 AVENUE
X Add			MIAMI FL 33142
Remove			
2) Change	T	FRANCISCO J SORIANO	2213 NW 26 AVENUE
X Add			MIAMI FL 33142
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	
		
-		
If we arrowed most repositive for the court	auge, reclassification, or cancellation of issu	ad sharm
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in the amendment it	<u>self:</u>
,		

	05/15/2019	, if other than th
The date of each amendment(s)	adoption:	, ii other than u
late this document was signed.	CU 5 (2010	
O: 	5/15/2019	 -
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s).	atement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	er
Dated	5/14/19	
Signature		
	a director, president or other officer - if directors or officers have not	been
	cted, by an incorporator - if in the hands of a receiver, trustee, or other	court
арр	ointed fiduciary by that fiduciary)	
	CARLOS R AGUILAR	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	