# P090000042519

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: E.		Carpentry, I	nc.
DOCUMENT NUMBER: P090	00042519		
The enclosed Articles of Amendment	and fee are submitted t	or filing.	
Please return all correspondence conc	erning this matter to the	e following:	
ELIO LO	UZADO		
	Namo	of Contact Person	
E.L. CAE	SINETS & CAI	RPETNRY,	INC.
		irm/ Company	
6675 WE	ST 4TH AVE	NUE, # 104	
, II A I <b></b> A I	L EL 20040	Address	
HIALEA	Ⅎ, FL 33012		, <u>// s watth</u>
	City/	State and Zip Code	
<b>—</b>	asincometax.		
E-mail add	dress: (to be used for fu	ture annual report no	otification)
For further information concerning thi	s matter, please call:		
ELIO LOUZADO		at (305	, 624-7781
Name of Contact Person	n	Area Code	& Daytime Telephone Number
Enclosed is a check for the following	amount made payable to	o the Florida Depart	ment of State:
<del>-</del>	ite of Status Cert (Add	75 Filing Fee & fied Copy itional copy is osed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Division Clifton B 2661 Exe	ent Section of Corporations

#### Articles of Amendment to Articles of Incorporation

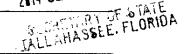
FILED

### E.L. CABINETS & CARPENTRY, INC.

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

P09000042519

(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:

name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name mu
B. Enter new principal office address, if applicable:	6675 WEST 4 AVENUE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	# 104
	HIALEAH, FL 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
3	
D. If amending the registered agent and/or registered office ac	dress in Florida, enter the name of the
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr	
new registered agent and/or the new registered office addr  Name of New Registered Agent	ess:
Name of New Registered Agent	
new registered agent and/or the new registered office addr  Name of New Registered Agent	street address)

## 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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	1ike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PVP	PILAR MARTIJA	
Add Remove			
2) Change	PVP	ELIO LOUZADO	6675 WEST 4 AVE., # 104
Add			HIALEAH, FL 33012
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			- · · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(	s) adoption: 09/09/2014	, if other than the
date this document was signed.	10/01/2014	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
The amendment(s) was/were must be separately provided	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 of	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
sele	a director, president or other officer fidirectors or officers have not been ected, by an incorporator if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	PILAR MARTIJA	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	