289679

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ON TO SUSA

COVER LETTER

		COVER LETTER		10 KM 10 CA 3: 51
TO: Amendment Sec Division of Corp				5
NAME OF CORPO	Southern Sheet M RATION:	etal Corporation		ب بن ری ری
DOCUMENT NUM	289679 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
	espondence concerning this ma			
	John Aiello	_		
		Name of Contact Person		
	Southern Sheet Metal Corp.		•	
	200 NE 32nd Street	Firm/ Company		
	Oakland Park, FL 33334	Address		
		City/ State and Zip Code	<u> </u>	
	ssm_john@bellsouth.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
John Aiello		954	566-9590	
Name	of Contact Person	at (at Co	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)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

authern Sheet Metal Corporation			
9679	t Corporation as currently	filed with the Florida Dept. of State)	3
	(Document Number of	Corporation (if known)	U)
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Clorida Profit Corporation adopts the follo	wing amendment(s
If amending name, enter the new na	ime of the corporation:		
/A			The new
ic.," or Co.," or the designation "C	"orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrevi professional corporation name must cor	ation "Corp.,"
hartered," "professional association,"		N/A	
Enter new principal office address, rincipal office address MUST BE A S			
Enter new mailing address, if appli	ou blo:	N/A	
(Mailing address MAY BE A POST)		IVA	
			<u></u>
If amending the registered agent an		ess in Florida, enter the name of the	
new registered agent and/or the nev	N/A		
Name of New Registered Agent	IVA		
			
	Hlorido etro	of Attiffees i	
	(Florida stret N/A	et aadress)	
New Registered Office Address:	N/A	, Florida	Lip Code)

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 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> Joh	n Doe	
X Remove	<u>v</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	V, D	Leslie Pratt	270 Capri Avenue
1) Change Add			Lauderdale by the Sea, F1, 33308
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach ada	ng or adding additional a litional sheets, if necessar	v). (Be specific)	·			
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If an amer	ndment provides for an o	exchange, reclassi	fication, or cancel	lation of issued s	hares.	
provision	is for implementing the a	amendment <u>if not</u>	contained in the a	<u>imendment itself</u>	<u>.</u>	
(<i>ij no</i> 7A	u applicable, indicate N/A	,				
						
·						
					 -	

date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	eved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	······································
	(voting group)
February 12	2, 2020
Dated	
Signature	or aiells
selected. appointed	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary) ohn Aiello
	(Typed or printed name of person signing) President
	(Title of person signing)