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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: NFC ALUMINUM	INC	
DOCUMENT NUM	P00000060184		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	iter to the following:	
	NOEL FONSECA		
	NFC ALUMINUM INC	Name of Contact Pers	son
		Firm/ Company	
	3141 HANGING MOSS CIP	RCLE	
	<u> </u>	Address	
	KISSIMMEE, FL 34741		
	,	City/ State and Zip Co	nde
	nfcaluminum@gmail.com		
	E-mail address: (to be use	ed for future annual repo	ort notification)
For further information	on concerning this matter, pleas	e call: 305	<sub>_</sub> 7336235
Name	of Contact Person	<del></del>	Code & Daytime Telephone Number
Inclosed is a check fo	or the following amount made p	ayable to the Florida De	partment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amer Divis The ( 2415	t Address adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

NFC Aluminum Inc	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P0000060184	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.,"	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 200 F
·	N/A EV T
	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent N/A	. · · · · · · · · · · · · · · · · · · ·
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Lip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:  or with and accent the obligations of the position
r nerviy decept inc appointment as registered agent. I am jumilia	r with and accept the orngations of the position.
Signature of New	Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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)

Example:

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.

X Change	PT	<u>John De</u>	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	o <u>nes</u>	
X Add	<u>8V</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	D		Denis Manuel Rivas	6290 West 16th Ave
X Add	-	_		Hialeah, FL 33012
Remove				
2) Change	\$ 		Ivonne Fonseca	2590 W 60th Place
<u>x</u> Add				Hialeah, FL 33016
Remove 3 ) Change		<del></del>	·****	
Add				100
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	4-17-14-1	
Add				
Remove				

Noel Fonseca / P	resident retains 60%
Carla A. Fonseca	/ Secretary, treasurer retains 20%
Denis M. Rivas /	Director receive 10%
vonne Fonseca /	Secretary receive 10%
	<del></del>
provisions for (if not app	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)  inc. is providing Denis M. Rivas; and Ivonne Fonseca with 10% each of ownership of said corporate.

	March, 3rd 2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
M Effective date <u>if applicable</u> :	arch, 9th 2020	
Encerve date in applicant.	(no more than 90 days after a	nendment file date)
Note: If the date inserted in this document's effective date on the i		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.	lopted by the incorporators, or board of direct	tors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of ve sufficient for approval.	otes cast for the amendment(s)
	oproved by the shareholders through voting grove each voting group entitled to vote separately	
"The number of votes ca	st for the amendment(s) was/were sufficient fo	or approval
Noel Fonseca / Pre	sident 60%	**
0,	(voting group)	·
March,3 Dated	d 2020	
Signaturo	town .	
selec	director, president or other officer – if directored, by an incorporator – if in the hands of a red fiduciary by that fiduciary)	
	Noel Fonseca	
	(Typed or printed name of perso	n signing)
	President	
	(Title of person signing)	