DO/000036593

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations NAME OF CORPORATION: NORTH FLORIDA GLASS & Aluminum CO. DOCUMENT NUMBER: POLOBOU 36593 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL GRIFFIS

Name of Contact Person North Fluring Glass & Aluminum Inc 5508 Lois Avenue Address Jack Sun ville, Fl 32105 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Much Acl GRIFFIS

Name of Contact Person at (904) 389-1540
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

13 _{JAA}	
TALLAHAS	122 PM 3: 19 SSEE, FLORIDA
3 <u> </u>	SEE, FLORIDA

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	72-
NORTH FINEIRA GLASS & Aluminum Co. (Document Number of Corporation (if k	nown)	E. FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must con	e new eviation ain the
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street	t address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.	

Signature of New Registered Agent, if changing

The date of each amendment(s) ad	loption:
Effective date <u>if applicable</u> :	/
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 1 8	13
Signature	Muhul X.M.
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	MICHAEL GRIFFIS (Typed or printed name of person signing)
	V President
	(Title of person signing)