## P6200035749

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: METAL BUILDIN	G MANUFACTURERS IN	IC
DOCUMENT NUMB	P02000035749		
	of Amendment and fee are sub	omitted for filing.	
	pondence concerning this mat		
	SCOTT E ITKIN		
•		Name of Contact Person	
	SOUTH FLORIDA TAX		
•		Firm/ Company	
	12401 ORANGE DRIVE ST	E 222	
		Address	
	DAVIE, FL 33330		
		City/ State and Zip Code	<u> </u>
SFTA	X@AOL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (	458-2000
Name	of Contact Person	Area Co	de & Daytime Telephone Number
	or the following amount made		
\$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)
Mailing Address 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

## FILED

2018 AUG 23 PM 2: 26

METAL BUILDING MANUFACTURER	SINC	<u></u>	OF STAT
(Name of	Corporation as currently filed	with the Florida Dept. of State ALLAHAS	SSEE. FL
P02000035749			
	(Document Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this Florida	a Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new na	me of the corporation:		
			new
"Corp" "Inc" or Co.," or the designe word "chartered," "professional associat	ition "Corp. "Inc. or Co ion," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevi A professional corporation name must contai	ation n the
B. Enter new principal office address, (Principal office address MUST BE A ST	<u>frapplicable:</u> TREET ADDRESS )		
C. Enter new mailing address, if appli (Mailing address MAYBE A POST of	cable: OFFICE BOX)		 
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in wregistered office address:	Florida, enter the name of the	
	SOUTH FLORIDA TAX		
Name of New Registered Agent	12401 ORANGE DRIVE, STE	222	
	tFlorida street ado	dress)	
New Registered Office Address:	DAVIE	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent: tered agent. I am tanjitar with a	nd accept the obligations of the position	
	1 Stranger Som Paraiety	and 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 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.

Mike Jones, V as Kemove	, ana Sau	y Smith, SY & Un Aud.				
Example: X Change	<u>PT</u> .	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
i) Change		_				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

If amending or ac (Attach additional	dding additional Arti sheets, if necessary).	(Be specific)	,		
/A		_			
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If an amendmen	it provides for an exc	hange, reclassificati	on, or cancellati	on of issued shar	nes.
provisions for i	implementing the am	endment if not conta	ained in the ame	ndment itself:	
	icable, indicațe N/A)				
I/A					
			<del> </del>		
		_			

The state of such amondment(s) (	adoption:, if other than the
the date of each amenument(s) and the this document was signed.	наорион. <u>— — — — — — — — — — — — — — — — — — —</u>
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 70 days discr dimendinates)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
hi	(voting group)
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
AUGUS Dated	T 17, 2018
Signature	
(By a selec	director, president or other-officer – if directors or officers have not been ited, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	IAN C. STROMPF
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)