P030000 39986

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JUL 25 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations HAR Sheetmetal Systems & Consultants, Inc NAME OF CORPORATION: P03000039986 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AAR Sheetmetal Systems & Consultants 1820 N. 57th Street lampa, Florida 33619
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Paslusny at 813 247-7663

Name of Contact Person 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

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

AAR Sheetmetal System	ns & Cons	sultants, Inc.
(Name of Corporation as currently		t. of State)
<u> </u>		
(Document Number of C	Lorporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation a	dopts the following amendment(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 "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corpore	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	50.00
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A	변화 등 방
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		····
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the nar	me of the
nin		
Name of New Registered Agent		
(Florida stree	t address)	
New Registered Office Address:		P1
	Tity)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligation	s of the position.
NIA		
Signature of New Reg	zistered 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:

 $P = President; V \neq Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Remov	ve, and Sall	ly Smith, SV as an Add.	· ••		
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)	Title	Name	<u>Addres</u> s		
1) Change	<u>S</u>	Marie Richards	3415 W. Busch Blud		
Add Remove			Tampa, F1. 33618		
2) Change	D	Marie Richards	3415 W. Busch Blud		
Add Remove			Jampa, Fl. 33618		
3) Change					
Add					
Remove					
4) Change					
Add			·		
Remove					
5) Change	<u>.</u>				
Add					
Remove					
6) Change					
Add					
Remove					

amending or adding a stach additional sheets.	if necessary). (Be st	pecific)			
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an amendment provider of the provider of the provisions for implementations for implementations and the provider of the provid	es for an exchange, re	eclassification, or e	ancellation of issu	ed shares,	
(if not applicable, in	dicate N/A)	n not contained in	the amenument it	SCII.	
(2)	V 1	\cap			
		<u> </u>			
					
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 7-17-2019 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 7-17-2019
Signature Double Rulians
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
appointed indicially by that indicially)
(Typed or printed name of person signing)
President
(Title of person signing)