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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: South Florida Roll	ing Door Inc			
DOCUMENT NUM	BER: P03000059977				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Karla Betanco				
	Name of Contact Person				
	South Florida Rolling Door Inc.				
		Firm/ Company			
	3590 NW 34 St				
		Address			
	Miami FL 33142				
		City/ State and Zip Cod	e		
aha	'eallmario@yahoo.com				
		sed for future annual report	notification)		
	E-man address. (a) be a:	sed for fatare annual report	normeation;		
For further information	on concerning this matter, pleas	se call:			
Karla Betanco		305 at (556-6633		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Insec, FL 32301		

Articles of Amendment to Articles of Incorporation of

South Florida Rolling Door, Inc

(Name o	of Corporation as currently filed with the Florida Dept. of Sta	<u>te</u>)	
P03000059977			
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts th	e following amer	ndme
A. If amending name, enter the new na	ame of the corporation:		
	tain the word "corporation," "company," or "incorporated" attion "Corp," "Inc," or "Co". A professional corporation nation," or the abbreviation "P.A."		
B. Enter new principal office address, (Principal office address MUST BE A S			<u> </u>
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			_
	d/or registered office address in Florida, enter the name of th	19 11411 19	;
new registered agent and/or the nev	Karla Betanco		· - .
Name of New Registered Agent	3590 NW 34 St	SS AND S AND	
	(Florida street address)		i e
New Registered Office Address:	Miami , Florid (City)	33 b42- c; 5 (Zip CbH)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept the obligations of the Latter Signature of New Registered Agent, if changing	position.	

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.

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	D	Mario Rodriguez	3590 NW 34 St
Add			Miami FL 33142
X Remove			
2) Change	Р	Mario D Rodriguez	3590 NW 34 St
Add			Miami FL 33142
X Remove			<u>,</u>
3) Change	Р	Milagros Figueroa	3590 NW 34 St 335 70
X Add	-		Miami FL 33142
Remove			<u> </u>
4) Change	<u>v</u>	Karla Betanco	3590 NW 34 ST
X Add			Miami FL 33142
Remove			
5) Change	S	Carlos Labrador	3590 NW 34 St
XAdd			Miami FL 33142
Remove			
6) Change		_	
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	
		
f an amendment provides for an evel	tange, reclassification, or cancellation of issued shares,	[(A)
provisions for implementing the ame	ndment if not contained in the amendment itself:	五 五
(if not applicable, indicate N/A)		JUN 28 JANG STATE JANG SEE
		-1
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		10,7 11,7 12,7

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	
(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.	اع ان
Dated 6 20 19	# 7 F
Signature _ & Butaco	
(By a director, president or other officer – if directors or officers have not been 🗁	رت _
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	2
appointed fiduciary by that fiduciary)	7
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Vice President.	
(Title of person signing)	