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### **COVER LETTER**

O: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	Mikes Aluminum of Lake Ci	ty, Inc
DOCUMENT NUMBER:		P03000136222	
The enclosed Articl	les of Amendment and fee a	are submitted for filing.	
Please return all con	rrespondence concerning th	is matter to the following:	
-		Michael Nicholson	
		Name of Contact Person	
_	Mikes A	luminum of Lake City, Inc	
		Firm/ Company	
_	141	SW Hummingbird Gln	
		Address	
_		ake City, FL 32024	
	C	City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further informa	tion concerning this matter,	, please call:	
Mic	chael Nicholson	at ( 386 ) 62	23-2376
Name of Contact Person		Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Depar	tment 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)
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 Circl	e

Tallahassee, FL 32301

of

# Mikes Aluminum of Lake City, Inc (Name of Corporation as currently filed with the Florida Dept. of State)

## P03000136222

(Bocument)	Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607. umendment(s) to its Articles of Incorporation		orida Profit Corporation adop	ots the following
A. If amending name, enter the new nam	ne of the corporation:		
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "Corp," "Inc,	" or "Co". A professional co	
B. Enter new principal office address, if			_
Principal office address <u>MUST BE A STR</u> C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OI</u>			SECRETARY OF STAIL ON STAIR OF CORPORATIONS 11 HAY -2 PH 12: 14
D. If amending the registered agent and/ new registered agent and/or the new in Name of New Registered Agent:		Florida, enter the name of t	<u>he</u>
New Registered Office Address:	(Florida street ac	ddress)	
		, Florida	
	(City)	(Zip Code)	
hereby accept the appointment as register	Signature of New Registered		position.
	Page 1 of 3		
		·	<del></del>
. If an amendment provides for an exclusions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cand	cellation of issued shares, amendment itself:	

The date of each amendmen	t(s) adoption: 1/1/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	
<u> </u>	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated Signature	4/14/2011 X Mul R. N L S
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Michael Nicholson
	(Typed or printed name of person signing)
	Pres.
	(Title of person signing)