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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	RATION: K&H FRAMING/VINYL SIDING, INC.			
DOCUMENT NUMBER:	P03000138056			
The enclosed Articles of Amendme	nt and fee are submitted for filing.			
Please return all correspondence co	ncerning this matter to the following:			
	MARLA COPELAND ESTY	_		
	Name of Contact Person	•		
	EASY TAX & ACCOUNTING	_		
	Firm/ Company			
	PO BOX 2066			
	Address			
	HIGH SPRINGS, FL 32655	_		
	City/ State and Zip Code			
' E-mail addr	ASYTAX@WINDSTREAM.NET ess: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
MARLA COPELAND	ESTY at (386) 454-8959			
Name of Contact Person	Area Code & Daytime Telephone Numb	er er		
Enclosed is a check for the following	ng amount made payable to the Florida Department of Sta	ite:		
▼ \$35 Filing Fee	f Status Certified Copy Certifica (Additional copy is enclosed) Certified	te of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

(Name of Corporation as curren	NINYL SIDING, A	THE PROPERTY OF THE PROPERTY O
	000138056 , TAL	ECRETARY OF STATE DOWN)
(Document Numl	ber of Corporation (if kno	own) TOSEE, FLORIDA
suant to the provisions of section 607.1006 andment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Ilorida Profit Corporation adopts the following
If amending name, enter the new name of	the corporation:	
		The new
ne must contain the word "chartered," "professive must contain the word "chartered," "professive new principal office address, if applicate incipal office address MUST BE A STREET of the mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	icable: <u>TADDRESS</u>)	the abbreviation "P.A."
I C di dhid dd d/		r Florido outor the name of the
If amending the registered agent and/or renew registered agent and/or the new regist		n Florida, enter the name of the
Name of New Registered Agent:	•	
New Registered Office Address:	(Florida street d	address)
		, Florida
-	(City)	(Zip Code)
v Registered Agent's Signature, if changin		(Elp Code)
reby accept the appointment as registered ag		and accept the obligations of the position
coy accept the appointment as registered as	zem. Tam jammar wun t	ma accept the outgations of the 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	HOLIFIELD, TIMOTHY	1534 SW DEKLE RD. LAKE CITY FL 32024	☐ Add ☑ Remove
			
(attach ad	dditional sheets, if necessary). (Be sp	pecific)	
provisi	nendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)		
Mr. Holifie	eld's shares were divided equally	among the other owner offic	ers.

The date of each amendmen	t(s) adoption: 12/31/2000
Effective date <u>if applicable</u> :	06/21/2011 (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(stere sufficient for approval.
	ere approved by the shareholders through voting groups. The following stateme 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	(voting group)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholde ere adopted by the incorporators without shareholder action and shareholder
Dated_06/2	21/2011
sel	y 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)
	GLENN L KEEN
	(Typed or printed name of person signing)
,	PDTS
	(Title of person signing)