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TO: Amendment Section
Division of Corporations

P.O. Box 6327

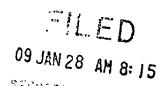
Tallahassee, FL 32314

NAME OF CORPORATION: ALL MY SO	ONS ALUMINUM, INC.	
DOCUMENT NUMBER: P04000058	512	E
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
	ES E. ELKINS JR.	
(Name o	of Contact Person)	
ALL MY	SONS ALUMINUM, INC.	
(Fir	rm/ Company)	
400	C COCHDAN DD	
	S COCHRAN RD (Address)	<u> </u>
	,	
GE	NEVA, FL 32732 '	
(City/S	tate and Zip Code)	
For further information concerning this matter.	please call:	
JAMES E. ELKINS JR.	at (<u>407</u>) <u>977-0602</u>	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Dep	partment of State:
S35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	
Amendment Section . Division of Cornerations	Amendment Section Division of Corporations	
LHVISION OF LAPROPHIANS	DIVISION OF CORDOFAGORS	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Flori	
	NC. MULAMASSEE. FLOR
P04000058512	
(Document Number of Corporation (if kn	nown)
rsuant to the provisions of section 607.1006, Florida Statutes, this lowing amendment(s) to its Articles of Incorporation:	Florida Profit Corporation adopts the
If amending name, enter the new name of the corporation:	
ne new name must be distinguishable and contain the word incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the Co". A professional corporation name must contain the we sociation," or the abbreviation "P.A."	ne designation "Corp," "Inc," or
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent:	in Florida, enter the name of the
New Registered Office Address: (Florida street	t address)
(City)	, Florida (Zip Code)
$H^{*}(M)$	(Zip Chie)

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	MICHELLE CLOSE	200 W MAIN ST	☐ Add
		GENEVA, FL 32732	☐ Remove
TREAS	MICHELLE CLOSE	200 W MAIN ST	
		GENEVA. FL 32732	Remove
SECRE	ECRE MICHELLE CLOSE	200 W MAIN ST	Add
		GENEVA, FL 32732	Remove
<u>prov</u> isi	mendment provides for an exchangons for implementing the amendment applicable, indicate N/A)		
·····			

The date of each amendment(s) adoption: DECEMBER 31, 2008
Effective date if applicable: DECEMBER 31, 2008
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east 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 sharehold action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of preceiver, trustee, or other cour appointed fiduciary by that fiduciary)
JAMES E. ELKINS JR.
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)