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COVER LETTER

TO: Amendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: <u>East</u> logst	metal structu	rs, corp.
DOCUMENT NUMBER: P66004	0 <i>8aa</i> .	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
East coast Met	Address	corp.
E-mail address: (to be use For further information concerning this matter, please		notification)
Whitney Allneon Name of Contact Person	at (5%)	766-2579
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{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	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

East coast Metal Structures, corp.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	, 4 ,
P06000040080	T	
(Document Number of C	Corporation (if known)	57.
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl	orida Profit Corporation adopts the fo	ollowing amendment(s) to
its Articles of Incorporation:		631
A. If amending name, enter the new name of the corporation:		i,
		The new
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 corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent		
		
(Florida strect	address)	`
New Registered Office Address:	. Florida	
	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	t J t 11;	*
increo, accept the appointment as registered agent. I am familiar with	i and accept the obligations of the pos	ilion.
Signature of New Regi	istered 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 = 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.

Example: X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DV	Charles post	897 SW 120 Way
Add Remove			Davie, FL. 33325
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·		·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
		
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· · · · · · · · · · · · · · · · · · ·		
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ·	
-		
		-
		-
		-

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this blo document's effective date on the Dep.	ock does not meet the applicable statutory filing requirements	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amer icient for approval.	ndment(s)
The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	statement (s):
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	ted by the board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	older
Dated 10 14	19	
Signature <u></u>	and I was	
(By a dire selected,	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth I fiduciary by that fiduciary)	ot been her court
_	Whitney Allman	
•	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	