# P06000093812

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only common that it is not any
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
`
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100077510261

Amend

07/27/06--01017--030 \*\*43.75

FILED

06 JUL 27 PM 3: 29

SECRETARY OF STATE
TALL AND SSEE, FLORID.

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: USA HULLICONE Shutters & The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Accurate any) 8300 W. Flagler St., #118 Miami, FL 33144 (Address) (City/ State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ]\$43.75 Filing Fee & ☐\$35 Filing Fee \$\square\$ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

enclosed)

(Additional copy is

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

# Articles of Amendment to Articles of Incorporation

of .	_
USA HURLICONE Shutters & Supplie	<u>s</u> , <i>Co</i> .
(Name of corporation as currently filed with the Florida Dept. of State)	
P06000093812	3
(Document number of corporation (if known)	12/
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:	TO SE ST
NEW CORPORATE NAME (if changing):	30000000000000000000000000000000000000
t de la company de la comp La company de la company d	The second
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A  AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	: -
Add as Mandal	<u>.                                    </u>
Had as vice-reesident	7
Edualdo Migue L	- - / : ^ : ^ : ^ : ^ : ^ : ^ : ^ : ^ : ^ :
	المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبل المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية المستقبلية ال
	2 =
	17 Tag 1
(Attach additional pages if necessary)	<u>-</u> - 호텔 보고 <del></del>
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provis for implementing the amendment if not contained in the amendment itself: (if not applicable, indica-	
- Angle - An	

(continued)

The date of each amendment(s) adoption:
$\rightarrow 1900$
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
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.
Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  FLANK FACON Abad  (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35