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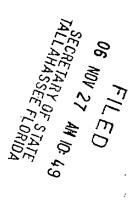
(Re	equestor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

	~ 1	A		
NAME OF CORPORATION:	Shutters	1455embly, I		
DOCUMENT NUMBER: POGOO	0099770)		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:			
Cruz M. Vij	lafranca ontact Person)	Conzalez		
Cruz Shutter	S Assem	bly, Inc.		
3893 Manni	x Drive	Unit523		
Naples, Fla				
(City/ State and Zip Code)				
For further information concerning this matter, plea	ase call:			
(Name of Contact Person)	at (<u>239</u>) <u>68</u> (Area Code & Dayti	2-3486 me Telephone Number)		
Enclosed is a check for the following amount:				
35 Filing Fee \$\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	Street Address			

Amendment Section

Tallahassee, FL 32301

Clifton Building

Division of Corporations

2661 Executive Center Circle

Articles of Amendment to

Articles of Incorporation

At ticles of the poration
Cruz Shutters Assembly Inc. (Name of corporation as currently filed with the Florida Dept. of State)
PO600099772
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(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(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) The physical of mailing address To read as follow:
_ Cour Shutters Assembly, Inc.
2815 390h Ave. 11.E.
Naples, Fla. 34120
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption:
•
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)
Cruz M. Villafiance Conzak? (Typed or printed name of person signing)
Bresident.
(Title of person signing)

FILING FEE: \$35