

May. 5. 2016 5:59
5/5/2016

P06000140056

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000113006 3)))



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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY -6 AM 8:43

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AWNINGS 4 EVER INC**

Certificate of Status	0
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MAY 09 2016

C. CARROTHERS

May. 5. 2016 5:59AM

PAGIO'S & ASSOCIATES, LLC

No. 0198 P. 2
H160001130063

ATX1

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AWNINGS 4 EVER INC

DOCUMENT NUMBER: P06000140056

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLANDA LONDONO

Name of Contact Person

AWNINGS 4 EVER INC

Firm/ Company

17124 SW 138TH COURT

Address

MIAMI, FL 33177

City/ State and Zip Code

yola1358@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLANDA LONDONO

Name of Contact Person

at (786) 219-9922

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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
Tallahassee, FL 32314

Street Address

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

H16000113006 3

ATX1

Articles of Amendment
to
Articles of Incorporation
of

AWNINGS 4 EVER INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000140056

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

6606 NW 72ND AVE

MIAMI, FL 33166

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

6606 NW 72ND AVE

MIAMI, FL 33166

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: NELSON ORTIZ

2222 SW 19TH STREET

(Florida street address)

New Registered Office Address: MIAMI

(City)

Florida 33145

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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2016 MAY -6 AM 8:43

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TALLAHASSEE, FLORIDA

H16000113006 3

ATX1

AWNINGS 4 EVER INC

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>DP</u>	<u>MARIA LEON</u>	<u>2350 NE 135TH STREET APT 603</u>
<input type="checkbox"/> Add			<u>NORTH MIAMI FL 33181</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DVP</u>	<u>RICARDO R. RODRIGUEZ</u>	<u>2350 NE 135TH STREET APT 603</u>
<input type="checkbox"/> Add			<u>NORTH MIAMI FL 33181</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>DS</u>	<u>VERONICA CORNAVACA</u>	<u>1131 SW 147TH AVE</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINE, FL 33027</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>YOLANDA LONDONO</u>	<u>17124 SW 138TH COURT</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33177</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VP</u>	<u>MARIO A. CASTRO</u>	<u>17124 SW 138TH COURT</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33177</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

No. 0198 P. 5

AWNINGS 4 EVER INC

ATX1

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H16000113006 3

AWNINGS 4 EVER INC

The date of each amendment(s) adoption:
other than the date this document was signed.

5/5/2016

ATX1
if

Effective date if applicable:

5/5/2016

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated 5/5/2016

Signature

Maria Leon

(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)

MARIA LEON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)