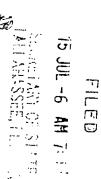
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	NS INC
P07000010650 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	llowing:
FABIO CASTIBLANCO	
(Name of	Contact Person)
SELECTIVE GLASS DESIGNS INC	
(Firm	n/ Company)
11867 SE 16 STREET SUITE 132	
(,	Address)
PEMBROKE PINES, FL. 33025	
(City/ Sta	te and Zíp Code)
SELECGLASS@YAHOO.COM	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
FABIO CASTIBLANCO	954 591-0004
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to tl	ne Florida Department of State:
	d Copy Certificate of Status onal copy is Certified Copy
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

Articles of Amendment to Articles of Incorporation of

SELECTIVE GLASS DESIGNS INC	SEL	ECTI	VE GL	ASS I	DESIGNS	INC
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(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P07000010650	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
SELECTIVE SHOWER GLASS DESIGNS INC	The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2401 WEST PRESERVE WAY APT 201
(Principal office address <u>MUST BE</u> A STREET ADDRESS) MIRAMAR, FL. 33025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2401 WEST PRESERVE WAY APT 201
	MIRAMAR, FL. 33025
D. If amending the registered agent and/or registered off	ico address in Florida autor the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent:	
2401 WI	EST PRESERVE WAY APT 201
New Registered Office Address:	(Florida street address)
-	AR, FL. 33025
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
hereby accept the appointment as registered agent. I am fo	
\mathcal{J}^{s}	Signature of New Registered Agent, if changing
	8 - 6 E
	Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u></u>		
2) Change Add Remove	***		
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or additional she	ets, if necessary).	(Be specific)	Witharas see a.				
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	07/01/2015	
The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
07/01/201	5	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will tent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	
There are no members or members e adopted by the board of directors.	intitled to vote on the amendment(s). The amendment(s) was/were	
Dated 07/01/2015 Signature 11/11	4-6-	
(Bythe chairman have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator — if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
FABIO CAST	TIBLANCO	
	(Typed or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	