(Requestor's Name)	DOTIGERY
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	10,8/25/08

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

•.

NAME OF CORPORATION: Metal Men I

DOCUMENT NUMBER: <u>P07000076614</u>

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

Please return all correspondence concerning this matter to the following:

KAREN B. O'Neill (Name of Contact Person) D'Neill & D'Neill Services, INC. (Firm/Company) P. D. BOY 50975 (Address) VACKSONVILLE BCH, FL 32250 (City/State and Zip Code)

For further information concerning this matter, please call:

KAREN B. O'Neill at (904) 249-3100 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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<u>Mailing Address</u> 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	
	nochal M-, Turtallene Tur	
	METAL MEN INSTALLERS INC. (Name of corporation as currently filed with the Florida Dept. of State)	N.S.
		Sign A
	P07000076614	9.30
	(Document number of corporation (if known)	
		4
	suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> pts the following amendment(s) to its Articles of Incorporation:	1
ado	pts the following amendment(s) to its Africles of incorporation.	6
<u>NE</u>	W CORPORATE NAME (if changing):	
(Mu	st contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")	
	rofessional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	
AM	<b>IENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)</b> Indicate Article Number(s)	
	/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
		DAVIO
- ri K	<u>cticle V - Change Registered Agent from Nymie V.</u>	VHAIE
	D: NAMES F. KODENOIT JACKSONUILLE BULLE FL 32250	
ti eed		
ti eea	) June P. Robert B/19/08	
tc real ture	3 June P. Rasunto 8/19/08	
tie Real Lee A	Chicle VII- INITIAL Officer(s)/Director(s) Resigned.	
tie Real Fue A	Chicle VII- INITIAL Officer(s)/Director(s) Resigned.	
tie Real Fue A	Chicle VII- INITIAL Officer(s)/Director(s) Resigned.	
tie fue A	) Jour P. Round 8/19/08 eticle VII- INITIAL Officer(s)/Director(s) Resigned.	
tuee A	Chicle VII- INITIAL Officer(s)/Director(s) Resigned.	
tie Real Lee A	Chicle VII- INITIAL Officer(s)/Director(s) Resigned.	

- -

Re A SI

(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)

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change

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No

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The date of each amendment(s) adoption: 08/08/08
Effective date if applicable: 08/08/08
(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 <u>P. Reduct</u> 8/19/08 (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) JAMES P. Robewolt
(Typed or printed name of person signing)
$\rho_{\star}$ , $\rho_{\star}$

•

TRESIDENT (Title of person signing)

FILING FEE: \$35

Page 1 of 1

COPY

I Mymie bakleaf, owner/ Metal Men Installers Inc. on this date, August 8th, 2008 have agreed to sell all interest which include, any all other considerations, liabilities, and assets to James Paul Robenolt for the sum of \$1.00 which includes any and all, Vehicles, Materials, Associations, Equipment used in this business. This also includes any and all outstanding debts and or profits.

All banking for M.M.I. Inc. is to be taken out of my name "Mymie Oakleaf" immediately.

I no longer have any financial obligations or holdings or interest in M. M. I. Inc.

#1. Federal Identification Number #267-0484007

#2. Business license number 134958

#3.General liability policy # NC696360

#4.Framing contractors lic. no. BL4474

#5 All insurances, Workman's Comp, all vehicles, equipment, Etc.

#6. All Vehicle's owned by the business M.M.I. Inc./ Mymie Oakleaf as of this date Aug. 8Th, 2008 are to be changed over to the new owner of M.M. I. Inc./ James Paul robenilt.

A. 1992 Chevy van color blue Vin# 1GNDM19Z1NB140736 B. 1987 Chevy van color gray Vin# 1GNDM15Z1HB159717

I hereby agree to the release of all interest of **Metal Men Installers Inc.** Business address, 3948 3Rd. Street South, Suite # 347 Jacksonville Beach, Fl. 32250 (619-347-3558) (904-247-8390) (904-476-6795) **Mymie Oakleaf/Home** 459 6Th Ave. South

459 6Th Ave. South. Jacksonville Beach, Florida, 32250 Cell phone/ (619-347-3558)

Mymie Oakleaf

State of California

Wymie Ockleaf

County of

On Date\_

SS.

SEE ATTACHMENT FOR NOTARIZATION

)

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of Californi	ia	
County of	San Diego	}
on Ava II	, ZCUB before m	e. Alec Gonzales, Notary Public
Date		Here Insert Name and Title of the Officer
personaliv appea	ared MYMIE	DAKLEAF
······································		Name(s) of Signer(s)
		·

who proved to me on the basis of satisfactory evidence to be the person(a) whose name(a) is/are-subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies); and that by his/her/their signature(s) on the instrument the person(s); or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand/and official seal. Signature Notary Public

- OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

## **Description of Attached Document**

Title or Type of Document:	STATEMEN	T			,
Document Date:	<u> </u>	68	Number of Pages:		<u> </u>
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Capacity(ies) Claimed by	y Signer(s)				
Signer's Name:		Sign	er's Name:		
🗋 Individual		🗆 In	dividual		
🖸 Corporate Officer Title	(s):	D C	orporate Officer — Title(s):		

Partner — D Limited D General Attorney in Fact Trustee Guardian or Conservator Other:	Attorney in Fact	RIGHT THUMBPRINT OF SIGNER Top of thump here
Signer Is Representing:	Signer Is Representing:	

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