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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A ALUM	INUM & RESCREENING, CO., INC.		
DOCUMENT NUMBER: P08000110			
The enclosed Articles of Amendment and fee a			
Please return all correspondence concerning this	s matter to the following:		
SHARON E. A	VILA		
A ALUMINUM	Name of Contact Person & RESCREENING CO., INC.		
<del></del>	Firm/ Company		
7169 RED OA	K LOOP		
	Address		
NEW PORT R	ICHEY, FLORIDA 34654		
	City/ State and Zip Code		
SSAVILA@OUTL	OOK.COM		
E-mail address: (to b	pe used for future annual report notification)		
For further information concerning this matter, p	please call:		
SHARON E. AVILA	at (727) 232-6226  Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

## **Articles of Amendment Articles of Incorporation** of

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15 APR 22 PM 3:01

## A A LUMINUM & RESCREENING COMPANY, INC. SEGRETARIE V. STATE MALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State)

P08000110389			£l.
(Docume	nt Number of Corporation (if I	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following amendment
A. If amending name, enter the new na	ame of the corporation:		
NO CHANGE			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpora	rated" or the abbreviation
B. Enter new principal office address, if applicable:		NO CHANGE	
(Principal office address MUST BE A S			
			<del></del>
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			<del></del>
D. If amending the registered agent ar new registered agent and/or the new		ss in Florida, enter the nam	e of the
	NO OLIANIOT		
Name of New Registered Agent	110 017 (102		
	(Florida stree	i address)	
New Registered Office Address:	(Citv)	, Florida_	(Zip Code)
	(Cuy)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	tered agent. I am familiar wi	th and accept the obligations	of the position.
(')	anature of New Decistored Ac	ant if abayaiya	

Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u> <u>John</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PRES	SANTIAGO H. AVILA	7169 RED OAK LOOP
Add			NEW PORT RICHEY, FL.
Remove			34654
2) Change	V.P.	JOHN J. SCAVUZZO	7169 RED OAK LOOP
Add			NEW PORT RICHEY, FL.
Remove			34654
3) Change	TREA	SHARON E. AVILA	7169 RED OAK LOOP
Add			NEW PORT RICHEY, FL.
Remove			34654
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
O CHANGE	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
<del></del>	

The date of each amendment( date this document was signed.	s) adoption: 19 APRIL 2015	, if other than th
•	19 APRIL 2015	
in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement 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 action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 19 A	PRIL 2015	
Signature <b>£</b>	Marce 6. Arila	
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	SHARON E. AVILA	
	(Typed or printed name of person signing)	_
	TREASURER	
	(Title of person signing)	<del></del>