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PICK-UP	☐ WAIT	MAIL	
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DEC 01 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: ALDON GOTTER Helphet & Scheen Enclosures DOCUMENT NUMBER: \$\frac{1000000}{200000000000000000000000000000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Al DRZewiecki
Name of Contact Person /
AlDon Gotten HelMet
Firm/ Company
3031 CRUM Rd.
BLOOKS V. I/E F/ 34604 City/ State and Zip Code
City/ State and Zip Code
ALDRZewiecki' @ JAHoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AL DRZewieck. 1 737, 457-7232
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Status Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status \$35 Filing Fee Certificate of Status

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

ALDON GUTTER Helmet FUD (Name of Corporation as correct	SCREEN ENCLOSURES	of	W	#1.In
(Name of Corporation as current	ly filed with the Florida Dept. of State)			
		200	5.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	
(Document Number of	of Corporation (if known)	1900 (m.)	A0NIS	
		2"		gua sera di
runsuant to the provisions of section 607.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ving amen	ntinem(s) to
ts Articles of Incorporation:		773 C) 773 C)	70	
. If amending name, enter the new name of the corporation:	<i>[</i>	Egg	<u>*</u> 12	
λ/	14	골		
γ ame must be distinguishable and contain the word "corporation"	" "company" or "incomposited" or the	The		
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or				
oord "chartered," "professional association," or the abbreviation				
Enter new principal office address, if applicable:	1			
Principal office address MUST BE A STREET ADDRESS)	11/12			
		 		
	,			
			 -	
C. Enter new mailing address, if applicable:	10			
(Mailing address MAY BE A POST OFFICE BOX)	 			
	N/			
D. If amending the registered agent and/or registered office add				
new registered agent and/or the new registered office addres	E (
Name of New Registered Agent	V /A			
I	<i>V</i> / .			
(Florida st	reet address)			
W . D				
New Registered Office Address:	(City) , Florida	ip Code)		
	(9)			
New Registered Agent's Signature, if changing Registered Agent	t :			
hereby accept the appointment as registered agent. I am familiar		n.		
ı	•			
Λ <i>Γ</i>	'A			
	1'			
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.

Example: X Change	PT John	1 Doe	
X Remove	<u>v</u> <u>Mik</u>	e Jones	
X Add	SV Sait	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	<u> </u>	Reworto DAMICO	3031 Ceum Ro BROOKS VILLE FL. 34604
X_Add			BROOKS VIJE
Remove			FL. 34604
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6)Change		4	
Add			
Remove			

rticles, enter change(s) here:). (Be specific)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
- N 1'
<u></u>
schange, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 dbys after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	•
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	21
by	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated 11/24/2015	
Signature Oslan Color	
(By a director, president or other officer - if directors or office	
selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	stee, or other court
ALPHONSE DRZeu (Typed or printed name of person signing)	riech;
The 5_ (Title of person signing)	
(Title of person signing)	