P10000090064

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300215053723

12/12/11--01025--002 **43.75



0,21,30h

COVER LETTER

* TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hurricane Pre-Ca	st Wall and Fence Systems.	Inc.
DOCUMENT NUMBER: P10000090064		
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Michael D, Campbell		
N	ame of Contact Person	
Hurricane Pre-Cast Wall and Fen	ce Systems, Inc.	
	Firm/ Company	
1304 SW 160th Ave. #294		
	Address	
Sunrise, FL 33326		
	ity/ State and Zip Code	
mike@hurricaneprecast.com		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Michael D. Campbell	at (<u>954</u>	
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment 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	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hurricane Pre-Cast Wall and Fence Systems, Inc. (Name of Corporation as currently filed)	d with the Flo	ride Dent of Si	tate)	
	a with the rio	rida Depa di S	<u>into</u>)	
P10000090064 (Document Number of Co	orporation (if k	(nown)		
Pursuant to the provisions of section 607.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this	s <i>Florida Profi</i>	it Corporatio	n adopts the following
A. If amending name, enter the new name of the corr	poration:			
The new name must be distinguishable and contain the vabbreviation "Corp.," "Inc.," or Co.," or the designat name must contain the word "chartered," "professional	tion "Corp," "	'Inc," or "Co".	A profession	rporated" or the onal corporation
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			A A S
				10
		···	_	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	•		· <u> </u>	R Commen
				N AR
				26 26 26 26 26 26 26 26 26 26 26 26 26 2
				417
D. If amending the registered agent and/or registered		s in Florida, er	iter the nam	e of the
new registered agent and/or the new registered of	lice address:			
Name of New Registered Agent:				
	(Florida street	address)		
New Registered Office Address:			, Florida_	
	(City)	•		(Zip Code)
N D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		h and accept the	e obligations	of the position.
Signature of New	Registered Age	ent, if changing	····	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officers/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sh	eet.)	ors. If you have more than o officers/airectors, pieuse tist them on
Title(s)	Name	Address
1) CEO,	Michael D. Campbell	1304 SW 160th Ave. #294
		Sunrise, FL 33326
2) <u>P</u>	Juan A. Perez	1304 SW 160th Ave. #294
		Sunrise, FL 33326
3) <u>VP</u>	Rolando Calzadilla	1304 SW 160th Ave. #294
-		Sunrise, FL 33326
4)		
<i></i>		
5)		
- <u>/</u>		
6		
If REMOVI	NG an officer and/or director, ple	se list the title(s) and name of the officer/director to be removed:
Title(s)	<u>Name</u>	Title(s) Name
1) <u>S</u>	Barbara Campbell	4)
2)		
3)		6)

(attach additional sheets, if necessary).	(Be specific)		
E If amending or adding additional Art (attach additional sheets, if necessary). N/A			
· · · · · · · · · · · · · · · · · · ·			
	 		
	<u> </u>		
		1	
		•	
		 	
			
			··· -
			
	<u> </u>		
	<u></u>		

(if not applicable, indicate N/A	amendment if not contained in the amendment itself:
N/A	
	v. D. (0.001)
he date of each amendment(s) adop	tion: December 2, 2011
ffective date <u>if applicable</u> : <u>Decemb</u>	ber 2, 2011 (no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte by the shareholders was/were suffic	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
The amendment(s) was/were approvious be separately provided for each	yed by the shareholders through voting groups. The following statement ch 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 adopte action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
Dated	MID //
Signature	MUV. UM
(By a direct selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court
appointed t	fiduciary by that fiduciary)
	Mided D. Carpbell (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)