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(((H110000580593)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DA-MAN WINDOWS & CARPENTRY. INC.

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3/4/2011

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COVER LETTER HIN OUCOSSUS9



TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DA-Man Windows & Carpentry, Inc.
DOCUMENT NUMBER:	P11000017163
The enclosed Articles of Amenda	ent and fee are submitted for filing.
Please return all correspondence	oncerning this matter to the following:
	Guy D Sperduto Name of Contact Person
	Name of Contact Person
	Guy D Sperduto CPA
***************************************	Firm/ Company
	8963 Stirling Road Ste 101
<u></u>	Address
	Cooper City FL 33028
, 	City/ State and Zip Code
E-mail a	dress: (to be used for future annual report notification)
For further information concerni	g this matter, please call:
Guy D Sperde	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the follo	ring amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 F Certifica	ing Fee & Status Status Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	H110000051059



March 8, 2011

FLORIDA DEPARTMENT OF STATE

DA-MAN WINDOWS & CARPENTRY, INC. Division of Corporations

701 S.W. 4TH STREET HALLANDALE, FL 33009

SUBJECT: DA-MAN WINDOWS & CARPENTRY, INC.

REF: P11000017163

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

COMA AND PERIOD IN THE CORPORATE NAME.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000058059 Letter Number: 311A00005621

RECEIVED 1 MAR -8 MH 8: 00 MEDERNE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of



DA-Man Wind	dows & Carpentry, In	0. 10-		
(Name of Corporation as curr	ently filed with the Florids	Dept. of State)		
P11000017163				
	nber of Corporation (if know	(תא		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation adopts the follow		
A. If amending name, enter the new name of	f the corporation:			
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp." "Inc.	" or "Co". A professional corporation		
B. Enter new principal office address, if app. (Principal office address MUST BE A STREE		· ·		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new	ce BOX)	Florids, enter the name of the		
	ater ou other augress:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida street a	ddress)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent: ngent. I am familiar with an	nd accept the obligations of the position.		
	Signature of New Registered	l Agent, if changing		

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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)

<u>Title</u>	Name	Address	Type of Action
Pres	Marc Rodriguez	701 SW 4th Street Hallandale, FL 33009	☐ Add ☐ Remove
Pres	Christina Rodriguez	701 SW 4th Street Hallandale, FL 33009	☑ Add □ Remove
			Add Remove
(Miller i	dditional sheets, if necessary). (Be	specytoy	
provis	mendment provides for an exchange ions for implementing the amendment applicable, indicate N/A)	e, reclassification, or cancellation on the amendm	of issued shares, ent itself:

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	3/4/2044	H110000038059
The date of each amendment	s) adoption: 31 1/2011 (date of adoption	
Effective date if applicable:	=	•
Crisedia ansa it abbitomes.	(no more than 90 days after ameni	iment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were		number of votes cast for the amendment(s)
		ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were	sufficient for approval
by	vating group)	
The amendment(s) was/went section was not required.	edapted by the board of directors	without shareholder action and shareholder
The amendment(s) was/wen action was not required.	adopted by the incorporators with	out shareholder action and shareholder
Dated x	3/2/11	
Signature <u>X</u>	Ophistura Rodi	igues
(By:	a director, president or other office	r — if directions or officers have not been
	inted fiduciary by that fiduciary)	ands of a receiver, trustee, or other court
	Christina F	
	(Typed or printed явл	ns of person signing)
	Presi	dent
	(Title of person signing)	

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