P110000088499

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)
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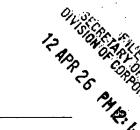
Amend 12/30.12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	SPECIALT R. P1100008849		S, INC.
	f Amendment and fee are su		
	ondence concerning this ma		
·	•	_	
<u></u>	ELIZABETH A. M		.,
;	SPECIALTY STR	Name of Contact Perso RUCTURES,INC	
****	• •	Firm/ Company	
ſ	PO BOX 15317		
		Address	
ŀ	BROOKSVILLE,	FL 34604	
_		City/ State and Zip Cod	e
LIZ(DSTRUCTURS	PECIALIST.COM	1
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
ELIZABETH A	A. MASCITTI	a _{t (} 352	, 293-4179
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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Idment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of



SPECIALTY STRUCTURES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000088499

endment(s) to

(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following	amend
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abb "Inc," or "Co". A professional corporation name must co	The n breviati ontain i
B. Enter new principal office address, if applicable:	5 AZALEA DRIVE	
(Principal office address <u>MUST BE A STREET ADDRI</u>	DEBARY, FL 32713	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 AZALEA DRIVE	
	DEBARY, FL 32713	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the ice address:	
Name of New Registered Agent		
<u></u>	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.	
Signature of New I	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: XChange	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	P	ELIZABETH A. MASCITTI	14050 CONYERS STREET SPRING HILL, FL 34609
X Remove			
2) Change Add X Remove	<u></u>	ANTHONY TUDELA	7110 MELOGOLD CIRCLE LAND O LAKES, FL 34637
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
if an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and itself:
Marit deliter	

The date of each amendment(s)	adoption: APRIL 13, 2012
Effective date if applicable:	APRIL 13, 2012
	(no more than 90 days after umendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) 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 ca	sst for the amendment(s) was were sufficient for approval
by	,
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholderaction and shareholder
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_APRI	L 13, 2012
Signature	Elizabeth a Moescitte
(By á selec	director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ELIZABETH A. MASCITTI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)