## P1100009133L

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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: # ONE ALUMINUM INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE R MAGARINOS Name of Contact Person # ONE ALUMINUM INC Firm/ Company 9740 US HWY 92 Address **TAMPA FL 33610** City/ State and Zip Code ROMANTAX2000@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE R MAGARINOS 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 □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**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

# ONE ALUM INUM INC

(Name of Corporation	on as currently filed with the Flo	orida Dept. of State)	
P11000091336			
(Docum	nent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the following	ng amendment(s
A. If amending name, enter the new name of the co	orporation:		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A profession		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered		er the name of the	<u></u>
Name of New Registered Agent			_
	(Florida street address)		_
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.	
Sign	ature 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 <math>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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
I) Change	VP		LARONDA SCRUGGS MAGARING	9740 US HWY 92
X Add				TAMPA FL 33610
Remove				
2) Change	<del></del>	<del></del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
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)
	•
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:

	08/01/2015	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
08	/01/2015	
Effective date <u>if applicable</u> : '	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required	dopted by the board of directors without shareholder action and shareh	nolder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholde	ar
08/01/20 Dated Signature		
(By selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	JOSE R MAGARINOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	