DIVISION OF CORPORATIONS

## https://cfile.anneiz.org/scripts/efilcovr.ex

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002511973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : FASTKIT CORP

Account Number : I20100000009 : (305)599-0839 Phone

Fax Number

: (305)592-9591

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN WEATHER THE STORM GUTTERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

OCT 21 2014 C. CARROTHERS

10/20/2015 4:05 PM

## Articles of Amendment Articles of Incorporation

The mese

WEATHER THE STORM GUTTERS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P12000067967 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the

(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	r satura	_
(Mailing address MAY BE A POST OFFICE BOX)		

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent		A Committee Section Control of the C
(Florid	street address)	
New Registered Office Address:	, Flori	da
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	<u>John Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DIR	HERRERA AGUIAR,MARIA JULIA	793 SW 121 AVE
A.dd			PEMBROKE PINES, FL 33025
Х Remove			
2)Change	N. I		
Add		And the second s	
Remove			
3 ) Change	*	A STATE OF THE STA	
Add	·	A CONTRACTOR OF THE CONTRACTOR	
Remove		and the second s	and the same of th
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)			
		<del></del>	•
			,
			•
		····	•
			•
			•
	•.		
		·	
,			<u> </u>
. De page de la companya de la comp			
			en en en eggen en mente maner og meg men
1			And the second s
Server de la companya	·	•	
If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	r cancellation of issued shares, in the amendment itself:		P. A. C.
(if not applicable, indicate N/A)	In the amenoment resetts		The notionalin
			•

The date of each amendment(s)	10/20/2015 dantian:	, if other than the
date this document was signed.	doption:	
Effective date if applicable:	,	
Michila data Wabbigania.	(no more than 90 days after amendment file	date)
lote: If the date inserted in this ocument's affective date on the D	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the ufficient for approval.	ic amendment(s)
The amendment(s) was/were as must be separately provided for	proved by the shareholders through voting groups. The fole reach voting group entitled to vote separately on the amer	llawing statement adment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	n	
,	(voting group)	
action was not required.	opted by the board of directors without shareholder action opted by the incorporators without shareholder action and	
10/20/20 Dated	5 	
(By a select	firector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	ALEJANDRO LLEDES	and the same of th
المستخطية ( ۱۵۰ مند معيد ) البين ا	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing).	