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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Alessi Select Installation, Inc.					
DOCUMENT NUMBER: 4130000 53530					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Michael Alessi Name of Contact Person Alessi Select Installation, Inc Firm/Company 3503 NW 21st St Address Cape Coral, FL 33993 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: ESTHER WEISTOOD 239 - 896-3048 MICHAEL ALESSI at (239) 204-8112					
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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed Alessi Select Installa (Document Number of Co	tions Inc P130	000535	<u> </u>
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation add	-	ig amendment(s) t
A. If amending name, enter the new name of the corpo	oration:	7	
			_The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional <mark>as</mark> sociation," or the abb	"Inc," or "Co". A professional corporat		
B. Enter new principal office address, if applicable:		28	
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>	- - [[]]
		まりま	_ (27,000)
		SSS 1	
C. Enter new mailing address, if applicable:		ט פֿב	
(Mailing address MAY BE A POST OFFICE BOX)		<u> 5.</u> e	
		<u></u> 50	
	the state of the s		-
			-
D. If amending the registered agent and/or registered		of the	
new registered agent and/or the new registered off	ice address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	, Florida_		_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe	ered Agent:		
I 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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change		Anthony Alessi	3503 NW 21sts Cape Wral, Fl
Add		`	Cape Wral, Fl
Remove			33993
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

E. <u>If a</u> (Att	mending or adding additional Articles, enter change(s) here: ach <i>additional sheets, if necessary). (Be specific)</i>
	MA
	•
	
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F. If a	n amendment provides for an exchange reclassification or cancellation of issued shares
pr	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	N/A
<u>.</u>	
<u></u>	

The date of each amendment(s) adoption: 4-30-14 date this document was signed. Effective date if applicable: 4-30-14	, if other than the
-date this document was signed.	
Effective date if applicable: 4-30-14	
(no more than 90 days after amendment fill	e date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 4-30-14	
Signature Michael Coloni	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste	
appointed fiduciary by that fiduciary)	e, or other court
Michael Alessi	
(Typed or printed name of person sign	ing)
D	
President	
(Title of person signing)	