## P13000065529

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SECRITARY OF STATE

C. LEWIS
DEC 9 2013
EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	on: A & M EXT	ERIORS, INC	
DOCUMENT NUMBER:	P1300006552	9	
The enclosed Articles of Am			
Please return all corresponde	ence concerning this mat	ter to the following:	
JO	SEPH SMITH		
		Name of Contact Persor	1
100	)30 YALE CO\	Firm/ Company	
108	30 TALE COV		
LEI	ESBURG, FL 3	Address 34788	
		City/ State and Zip Code	:
1	E-mail address: (to be us	ed for future annual report	notification)
For further information conc	erning this matter, pleas	e calt:	
JOSEPH SMITH		at ( <b>407</b>	733-5045
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	1\$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)
P.O. Box 6	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

APPROVEU AND FILED

## Articles of Amendment to Articles of Incorporation of

13 DEC -4 PM 3: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Δ	ጲ	M	EX.	TER		RS	<b>INC</b>
$\sim$	$\mathbf{\alpha}$	IVI	$\Box \wedge$	$I \square I$	IVI	NO.	$\Pi N C$

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P13000065529	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
•	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	April 1997
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the
new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida stree	
New Registered Office Address: (City)	, Florida (Zip Code)
<i>і</i> сту	(Zip Chae)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second second control of the second	th and accept the obligations of the position.
Signature of New Registered Ag	ent 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)

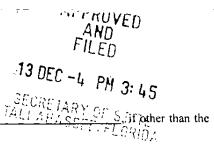
Please note the officer/director title by the first letter of the office title:

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	BENJAMIN PINEAU	10930 YALE COVE RD
<b>✓</b> ∧dd			LEESBURG, FL 34788
Remove			
2) Change	D	CARL DARNELL	10930 YALE COVE RD
✓ Add			LEESBURG, FL 34788
3) Change			
Add			
Remove			<del></del>
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)
•	
7	
	1
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	
,	
,	



The date of each amendment(s) a	adoption: ALLABASSES
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more man >0 days after amenament fire date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
The amendment(s) was/were ad action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 11/26/2	2013
Signature	rel de
	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	JOSEPH SMITH
	(Typed or printed name of person signing)
**	PRESIDENT