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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: RBY Shutters, Inc.				
	:R: P13000076102				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
C	scar Rojas				
_		Name of Contact Person	1		
R	RBY Shutters, Inc				
		Firm/ Company			
2	0351 Banner Ave				
		Address			
P	ort Charlotte FL, 33952				
_		City/ State and Zip Cod	v		
rt	oyshutters@gmail.com				
		sed for future annual report	notification)		
For further information of Oscar Rojas	concerning this matter, plea		348-1804		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite,810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RBY Shutters, Inc.

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P13000076102	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New	Registered Agent, if changing
Check if applicable [The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (e), F.S.

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> 17.</u>	John Doc		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	CFO	Oscar Noel Rojas	20351 Banner Ave	
X Add		-	Port Charlotte, FL 33952	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove			-	
5) Change				
Add			100	
Remove				
6) Change		_		
Add			-	
Remove				

	ticles, enter change(s) here: (Be specific)
	· — —
	_
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate MA)	
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	·
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	-21	, if other than the
date this document was signed.			
Ju Effective date <u>if applicable:</u>	ne 28,2021		
meetive date <u>is appreciose</u> .	(no more than	90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the			irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or	r board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were		he number of votes cast for	the amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders the or each voting group entitled to		
"The number of votes ca	st for the amendment(s) was/w	ere sufficient for approval	
by			
	(voting group)		
June 28,	2021		
Signature			
selec	director, president or other off ted, by an incorporator – if in t inted fiduciary by that fiduciar	he hands of a receiver, trus	s have not been tee, or other court
	Oscar Rojas		
	(Typed or printed	d name of person signing)	
	(Title of person s	ijenine)	