

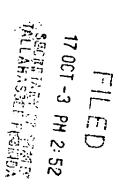
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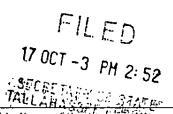
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: R & M SHOWER	ENCLOSURES AND MI	RRORS, INC			
DOCUMENT NUMI	P14000010502					
The enclosed Articles	of Amendment and fee are se	ibmitted for filing.				
Please return all corre	spondence concerning this ma	ntter to the following:				
	MONIQUE M, LEOS					
		Name of Contact Perso	า			
	R & M SHOWER ENCLOSURES AND MIRRORS, INC					
		Firm/ Company	<del> </del>			
	1956 TIGERTAIL BLVD					
		Address				
	DANIA BEACH, FL 33004					
		City/ State and Zip Cod	c			
rm-gl	ass@outlook.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
MONIQUE M. LEOS		954 at (	305-4014 de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:			
S35 Filing Fee	□\$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)			
Mailing Address		•	Address			
	indment Section	Amendment Section				
	sion of Corporations Box 6327		on of Corporations Building			
	thassee, FL 32314		xecutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



R & M SHOWER ENCLOSURES AND MIRRORS, INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State) 1558104			
P14000019502				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	Thenew			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	1956 TIGERTAIL BLVD			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	DANIA BEACH, FL 33004			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1956 TIGERTAIL BLVD			
	DANIA BEACH, FL 33004			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres				
Name of New Registered Agent				
tFlorida si	trevi address)			
New Registered Office Address:	. Florida (Zip Code)			
	(глр Сойе)			
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
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:	re, ana na	ny Saure, St. as ar Aad.	
X Change	<u>P F</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
$\underline{X}$ Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change	-		<del>-v</del> ar-
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ada	litional sheets,	dditional Article if necessary) (	Be specific)				
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<u>fan amen</u>	dment provide	es for an exchan	ge, reclassificat	ion, or cancella	tion of issued sha	ires,	
if not	<u>s 101 impiemen</u> t applicable, ind	nting the amendr	ment il not cont	ained in the am	endment itself:		
						. <u>.</u>	
				<u> </u>			
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	<del> </del>		<u> </u>	_			
						-	

The date of each amendment(s) a date this document was signed.	09/29/2017 doption:	, if other than the
Effective date if applicable:		
meetive date <u>in appineatite</u> .	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s);	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	tyoting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
09/29/2017		
Dated	1. //	
Signature	to the same of the	
selectø	irector president or other officer – if directors or officers have not been a by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	<del></del>
	MONIQUE M. LEOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	