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SECRETARY OF STATE OF

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ISABELA HURRI	CANE SHUTTERS INC.			
DOCUMENT NUMBI	ER:		· · ·		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		JOSE MORALES			
	Name of Contact Person				
	ISABELA HURRICANE SHUTTERS INC.				
_		Firm/ Company			
		1098 SW 134TH CT			
_		Address			
		MIAMI, FL, 33184			
-		City/ State and Zip Code	e		
	On	•			
J.M	ORALEZ82@YAHOO.CO				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JOSE N	MORALES	786 at (315-1835		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ISABELA	HURRICA	NE SHI	ITTERS	INC

(Name of Corp	oration as current	ly filed with the Florida Dept. of State)	
P14000064282			
(E	Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this	Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the ISABELA HURRICANE SHUTTERS INC & E		HUTTER	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association." o	Corp, " "Inc," or "	'Co". A professional corporation name m	e abbreviation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	icable:	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or re	gistered office add		215 SEP -4 PH 2
new registered agent and/or the new regist	tered office address	<u>s:</u>	2: 0
Name of New Registered Agent N/A			
	(Florida sti	reet address)	
New Registered Office Address:	•	, Florida ,	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			on.
	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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		t
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				.
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

1/A	. (Be specific)
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	ahanga malaggifisation on assaultation of issued above
If an amendment necessities for an aver-	enauge, reciassification, or cancellation of issued snares,
If an amendment provides for an exc provisions for implementing the am	nendment if not contained in the amendment itself:
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
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provisions for implementing the am	nendment if not contained in the amendment itself:

	09/01/2015	
The date of each amendment(s) a	loption:	, if other than
date this document was signed.	1/2015	
09/0 Effective date <u>if applicable</u> :		
	(no more than 90 days	rs after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		statutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su		ber of votes cast for the amendment(s)
	proved by the shareholders through vertical each voting group entitled to vote se	voting groups. The following statement separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were suffi	ficient for approval
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors withou	out shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without sh	hareholder action and shareholder
09/01/201:	5	
DatedSignature	Al	_
(By a d selecte		if directors or officers have not been ds of a receiver, trustee, or other court
.,	JOSE MORA	ALES
	(Typed or printed name of	of person signing)
	PRESIDENT	Т
	(Title of pers	son signing)