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☐ PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Line Metal Frame Inc DOCUMENT NUMBER: P15000075753				
DOCUMENT NUMBER: P13000073733				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Joel Vega Name of Contact, Person				
Line Metal Frame Inc				
155 NE 129 Street #6				
North Migmi +1 33/6/				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (186) 372-5445  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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

**Articles of Amendment** 

Atticles of All	enament
to Articles of Inco	rporation $U = U \cap U$
Line Metal	Frame \$19725 P1112:04
(Name of Corporation as currently	filed with the Florida Dept; of State)
V150000 /	7155 THE PLUMBA
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida 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 "F	" "company," or "incorporated" or the abbreviation or 'company," or "incorporation name must contain the
·	155 NE 120 at 111.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	North Miami Fl 3316
	•
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 addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	.1
Name of New Registered Agent JOE	Vega,
155 NE	129 street Ant 6
(Florida stree	y address)
New Registered Office Address: WOHN	(1)Qm Florida $35/6$
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	ith and adcept the obligations of the position.
I TUUD	\$
Signature of New Re	gistered 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: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name Address	-)4-
1)Change	P Oswaldo Barrera 249215W 1201 Priceton, F193	71010
Add Remove		
2) Change	VP Salvatore Drago 7901 NW 42 Rd Corral Spring F1 33	กใกร
Add Remove	<u> </u>	פעיר
3) Change		
Add		
4) Change Add		
Remove		
5) Change		
Add		
6) Change		
Add		
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	4,,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"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 and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-18-2015	
Signature Aut S	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
loel Jean	
(Typed or printed name of person signing)	<u> </u>
Secretary	
(Title of person stening)	<del></del>