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COVER LETTER

* TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION	ALL MIAMI	HURRICANE SH	UTTERS, CORP.	
DOCUMENT NUMBER: P	1500009021	8		
The enclosed Articles of Amen				
Please return all correspondence	e concerning this mat	ter to the following:		
Luis	Enrique Gar	cia Camejo		
		Name of Contact Persor	1	
ALL	MIAMI HURI	RICANE SHUTT		
		Firm/ Company		
7825	West 2nd C	, · •		
		Address		
Hiale	ah, FL. 3301	14		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	:	<u>क</u>
allmiami	hurricaneshu	ıtters@yahoo.co	om	
		ed for future annual report		1 2/1
For further information concern	ing this matter, pleas	e call:		PH 2: 02
Luis Enrique Garc	ia Camejo	_{at (} 305	, 321-8234	77
Name of Contac	t Person	Area Coe	de & Daytime Telephone Number	
Enclosed is a check for the follo	owing amount made p	payable to the Florida Depa	rtment of State:	
	43.75 Filing Fee & ertificate 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 Articles of Incorporation

ALL MIAMI HURRICANE SHUT	TERS, COF	ΚΡ. 		_	
(Name of Corporation as currently f	iled with the Floric	la Dept. of State)			
P15000090218					
(Document Number of	f Corporation (if knc	own)			
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	a Statutes, this <i>Flore</i>	ida Profit Corporation ad	opts the following	g amendn	nent(s) to
A. If amending name, enter the new name of the co	orporation:				
				The ne	ar ar
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co"	A professional corpora			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI					
C. Enter new mailing address, if applicable:	337.				9-
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>/.x</u>)				15 Jun 19 19 19 19 19 19 19 19 19 19 19 19 19
	_			,	
	_			- 19 - 13 - 13	े ∨? • (३%)
D. If amending the registered agent and/or registered new registered agent and/or the new registered		n Florida, enter the nam	<u>e of the</u>	3	5
Name of New Registered Agent					
	(Florida street ac	ldress			
No. B. day 1000 A.H.					
<u>New Registered Office Address:</u>	(City)	, Florida_	(Zip Code)		
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	<u>sistered Agent:</u> I am familiar with a	and accept the obligations	of the position.		

Signature of Ne	ew Registered Ageni	t, 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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTSD	Felix Cano	7380 W 20th Ave # 118 &
Add			Hialeah, FL. 33016
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
) Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			

ttach additional sheets, if necessary).	(Be specific)
	
	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
and the second second	
(if not applicable, indicate N/A)	
(if not applicable, indicate 87.4)	
(ij not applicable, indicate 87.4)	

The date of each amendment(s) adop	otion: August 27, 2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopto action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
_{Dated} August 27	. 2018	
Signature	(L)	
(By a dire	by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
Lu	uis Enrique Garcia Camejo	
	(Typed or printed name of person signing)	
P	resident	
	(Title of person signing)	