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2016 FEB -8 FM 1: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend

FEB 0 9 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Super S DOCUMENT NUMBER: P1600000	Siders and Trim Inc.
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
63 W 9+ Attar	Name of Gontact Person Lers and Trim Inc. Firm/ Company h St Atlantic Beach Address City/ State and Zip Code Matrimina (a gmail. com d for future annual report notification)
For further information concerning this matter, please	call:
Jeremy Mines Name of Contact Person	at (904) 428 - 3835 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

Super Siders and	Trim Inc. filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 1600000 109	'/
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
n/A	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 "H	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	$\frac{n/A}{}$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A. PHISTER -8 PHISTE
D. If amending the registered agent and/or registered office addre	
new registered agent and/or the new registered office address: Name of New Registered Agent TERMU	Mines
Name of New Registered Agent 63 W 9th (Florida streen)	St Atlantic Beach FL. 32233
New Registered Office Address:	, Florida
New Registered Agent's Signature if changing Registered Agent:	(City) (Zip Code)
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
(ferry)	22

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 D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>Dnes</u>	
X Add	SV Sally S	mith_	
Type of Action (Check One) 1) Change Add Remove	Title CEO CFO	Mines, Mines	Address U3 Weith St Atlantic Beach FL 32233
2) Change Add Remove	CEO CFO	Jeremy Mines	43 W 944 St Atlantic Beach FL. 32233
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

lf 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)	nange, reclassification, or cancellation of issued shares, and and an analysis

., 1	, if other than the
date this document was signed. $7 - \mathcal{U} - 701/6$	
Effective date if applicable: $2-4-2016$ (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 document's effective date on the Department of State's records.	date 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 amendme by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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.	
Signature (By Arrector, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Teremy Mines. (Typed or printed name of person signing) Owner Officer (Title of person signing)	CEO