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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ALTIMA HOLDIN	IGS, INC.			
DOCUMENT NUMBE	CR:		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee are sub	nnitted for filing.			
Please return all corresp	ondence concerning this mat	tter to the following:			
M	ATTHEW LEVINSON				
_		Name of Contact Person			
Α	ALTIMA HOLDINGS, INC dba ALL AMERICAN SHUTTERS & GLASS				
-	.	Firm/ Company			
10	1638 DONNA RD				
_	Address				
V	WEST PALM BEACH, FL 33409				
_		City/ State and Zip Code	:		
	E mail address: (to be us	ed for future annual report	natifiantion)		
	n-mail address, (to be us	ed for future amidal report	notification)		
For further information	concerning this matter, pleas	se call:			
SASHA GONZALEZ		at (712-9882		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for t	the following amount made [payable to the Florida Depa	ortment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment

to

Articles of Incorporation

of

Altima Ho	oldings, Inc 2020 11:3 23 PM 1:06
(<u>Name of Corporation</u>	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the co	rporation:
	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
 	
Signa	tture of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	S	SASHA GONZALEZ	1638 DONNA RD	
X Add			WEST PALM BEACH, FL 33409	
Remove				
2) Change	CFO	SCOTT COOPER	1638 DONNA RD	
X Add			WEST PALM BEACH, FL 33409	
Remove Change				
Add			-	
Remove				
4) Change				
Add				
Remove				
5) Change	-			
Add				
Remove				
6) Change		_		
Add				
Remove				

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provisions	Iment provides for an for implementing the applicable, indicate N/2	amendment if no	sification, or cance t contained in the	llation of issued sha amendment itself:	res,
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 da	iys after amendment file date)
Note: If the date inserted in this blodocument's effective date on the Dep		e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	oted by the incorporators, or boa	rd of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		imber of votes cast for the amendment(s)
		h voting groups. The following statement exeparately on the amendment(s):
	or the amendment(s) was/were s	• •
by	(voting group)	
03/18/2020 Dated		<u> </u>
selected	ector, president or other officer	- if directors or officers have not been ands of a receiver, trustee, or other court
1	MATHEW LEVINSON	
-	(Typed or printed nan	ne of person signing)
(CEO	
.	(Title of person signir	<u>ag)</u>