

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200305082282

10/30/17--01031--019 ++52.50

17 0CT 30 PH 3: 17

FILED

COVER LETTER

TO: Amendment Secti Division of Corpo	rations	
NAME OF CORPOR	ATION: Repair -	Specialists of all Humicane Shutter 063981
The enclosed Articles	of Amendment and fee are su	bmitted for filing.
Please return all corres	pondence concerning this ma	
	Joe	Schoonover (Joseph L. Schoonover)
		Name of Contact Person
		Firm/ Company
	1.50	Firm/ Company
	1035	S. E. 26 Th TERR, Address CORAL, F1. 33904 City/ State and Zip Code
		Co-2-1 C1 22901/
	Cape	City/ State and Zin Code
	1	
	hurricanepe	POTECTION 239@ Yakoo, COM sed for future annual report notification)
	E-mail address: (to be us	sed for future annual report notification)
For further information	concerning this matter, pleas	so call:
	-	
Joe	Schoonover	2 at 239 851-2511
Name o	f Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Department of State:
	-	Certified Copy (Additional copy is enclosed) \$552.50 Filing Fee Certificate of Status (Additional Copy is enclosed) \$552.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	G	DPlease "ARTicles"/ New "ARTicles"/ Revised.

Articles of Amendment

Articles of Incorporation

17 OCT 30 PM 3: 17

Repair Specialists of all Hu	RRICANC Shullersoil NOF STATE
_	-
P160000639	8/
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N TT
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 address new registered agent and/or the new registered office address:	SS in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	A
Signature of New Re	gistered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or D if necess sector titl President = Chief I r, Directo in the for	eary) The by the first letter of the office title: The Treasurer: S= Secretary: D= Director: TR= Treasurer: Tf an officer/director holds more to would be PTD. Howing manner. Currently John Doe is listed as the Particular of the Pand S. These standards.	rustee; C = Chairman or Clerk; CEQ = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doc	
X Remove	V	Mike Jones	i
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>У</u>	Robert J. Lung, JR.	2360 C: MMERON DR. Liberty TWP, OH. 45044
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

ach additional sheets,	Iditional Articles, enter change(s) here: if necessary). (Be specific)	
		
	<u> </u>	
	MK	
	 	
		!
n amendment provid	es for an exchange, reclassification, or cancellation of issued sh	ares,
<u>ovisions for impleme</u>	nting the amendment if not contained in the amendment itself:	
(if not applicable, in	dicate N/A)	
· · · · · · · · · · · · · · · · · · ·	11/-	
	NIT	
	•	ļ

The date of each amendment(s) adoption: 10/1/2017 - NOW/ASAP . if other than the date this document was signed.
Effective date if applicable: 10/1/2017 - NOW/ASHP (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 will not be listed as the document's effective date on the Department of State's records.
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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(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
Signature In Moorove,
(13) 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)
Toe Schoon over (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT-DIRECTOR
(Title of person signing)