P16000078137

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2021 FEB -8 AM II: 14 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PRISTINE HURR	ICANE SHUTTERS INC	
DOCUMENT NUM	BER: P16000078137	<u> </u>	
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MERARDO MORENO MOI	RENO	
		Name of Contact Person	
	PRISTINE HURRICANE SI	IUTTERS INC	
		Firm/ Company	
	417 CASTLE DRIVE	Time Company	
	<u> </u>	Address	
	NAPLES, FL 34119		
		City/ State and Zip Code	<u> </u>
For further information	on concerning this matter, pleas	วาบ	370-1213
Name of Contact Person		at (Area Co	de & Davtime Telephone Number
	or the following amount made		·
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

PRISTINE HURRICANE SHUTTERS INC

2021 FEB -8 AM 11: 14

FRISTING HORRICANI, SHOTTERS I	inc		• • • • • • • • • • • • • • • • • •
(Name o	of Corporation as curren	tly filed with the Flor	ida Deptrof State)
P16000078137			TALLAHASSEE, FI
	(Document Number	of Corporation (if know	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corpo	eration adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
······································			T
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corpo	The new porated" or the abbreviation "Corp.," pration name must contain the word
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	STREET ADDRESS)		
		 	
o n	Bankala.		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
	 _		
		<u></u>	
		ldin Elopido, onto	s the name of the
D. If amending the registered agent an new registered agent and/or the ne	w registered office addre	ess:	T the name of the
	MERARDO MORENO		
Name of New Registered Agent			 _
	(Florida	street address)	
New Registered Office Address:	417 CASTLE DRIVE	NAPLES	, Florida
The state of the s		(City)	(Zip Code)
New Registered Agent's Signature, if of			
I hereby accept the appointment as regis	tered agent. L am familia	r with and accept the o	bligations of the position.
	4/1/5	<i>7</i> /_/	
_	turb linex	11-10	
	HALL HALL THE	Registered Agent, if cl	hanaina
/	ingilitative by them	neglacion rigem, y ci	
Check if applicable	,		
☐ The amendment(s) is/are being tiled p	pursuant to s. 607.0120 (1	1) (c), 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.

\underline{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	VP	ALVARO E CONTRERAS	16660 S POST ROAD #203
Add			WESTON, FL 33331
A Remove			
2) Change			<u> </u>
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Art il sheets, if necessary).	(Be specific)				
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f an amend <u>mer</u>	nt provides for an exc	hange, reclassifi	cation, or cance	ellation of issued :	shar <u>es.</u>	
provisions for	implementing the am	endment if not o	ontained in the	amendment itsel	<u>f:</u>	
(if not appl	licable, indicate N/A)					
						
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		 		_	<u> </u>	
			<u>-</u>		<u>. </u>	
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			-	-		

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77)	02/01/2021	, if other than the
The date of each amendment(s) acd this document was signed.	option:	, it office that the
02/0	1/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	t file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors witho	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast f flicient for approval.	for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the c	ne following statement amendment(s):
	for the amendment(s) was/were sufficient for approve	al
by		
·	(voting group)	_
02/01/2021 Dated		
Signature	Tullo from from	
selecto	rector, president of other officer – if directors or officer, by an incorporator – if in the hands of a receiver, tred fiduciary by that fiduciary)	cers have not been rustee, or other court
	MERARDO MORENO MORENO	
	(Typed or printed name of person signing	(1)
	PRESIDENT	
	(Title of person signing)	