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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: S & D METAL FA	ABRICATION INC	
	BER: P17000017248		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOHN FOREMAN		
		Name of Contact Person	1
		Firm/ Company	
	517 UNION ST 4B		
		Address	
	FORT WALTON BEACH F	L 32547	
		City/ State and Zip Code	
	TAXES@ECTS.TAX		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea		
Name	of Contact Person	at ()de & Davtime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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 C	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

S & D METAL FABRICATION INC	2021 APR - 1 AM 11: 10
(Name of Corporation as	currently filed with the Florida Dept. of State)
P17000017248	SEURETARY OF STATE TALLAHASSEE, EL
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpore "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered." "professional association," or the abbreviatio	ution," "company," or "incorporated" or the abbreviation "Corp.," "Co".—A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRES</u>	<u>CS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amanding the registered again and (
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	address:
Name of New Registered Agent	
ay we a regular to a region	
	Florida street address)
New Registered Office Address:	,
wew Registerea Office Address:	, Florida
lew Registered Agent's Signature, if changing Registere	ed Agent:
hereby accept the appointment as registered agent. I am f	familiar with and accept the obligations of the position.
Signature o	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)

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> 197</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
I) Change	P	MICHAEL A SIMON	517 UNION ST	
Add			4B	
X Remove			FT WALTON BEACH FL 32547	
2) Change	V	MICHAEL A SIMON	517 UNION ST	
Add			413	
X Remove 3) Change			FT WALTON BEACH FL 32547	
Add				
Remove				
4) Change				
X Add				
Remove				
5) Change	<u>Р</u>	DORA M FOREMAN	517 UNION ST	
Add			4B	
Remove			FT WALTON BEACH FL 32547	
6) Change	<u>V</u>	SHELLAV HIGGINS	517 UNION ST	
X Add			4B	
Remove			FT WALTON BEACH FL 32547	

	rets, if necessary).	(Be specific)			
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	-	<u> </u>			
					
				-	
					
					
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in amendment pro	ovides for an excl	hange, reclassification	on, or cancellatio	<u>n of issued shares.</u>	
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in amendment provisions for imple (if not applicable	ementing the ame	hange, reclassification endment if not conta	on, or cancellatio ained in the amer	n of issued shares. dment itself:	
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ovisions for imple	ementing the ame	hange, reclassification if not contain the	on, or cancellatic	n of issued shares. dment itself:	

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 9t) days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	ment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s).	'alement :
"The number of votes case	for the amendment(s) was/were sufficient for approval	
	• •	
0; <u> </u>	(voting group)	
03/30/2021 Dated	Nouman_	
selecte	irector, president or other officer – if directors or officers have not high an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	court
	DORA M FOREMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 _