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COVER LETTER

TO: Amendment Section . Division of Corporations

NAME OF CORPO	PRATION: LA PICKY ENTE	RPRISES, INC	
DOCUMENT NUM	P17000073518		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	DORIS POLANCO		
		Name of Contact Person	1
	DORIS ACCOUNTING & I	'AX SERVICE CORF	
		Firm/ Company	
	10154 W FLAGER ST		
		Address	
	MIAMI, FL 33174		
		City/ State and Zip Cod	c
TA	XES@DORISTAXES.COM		
	-	sed for future annual report	notification)
			-
For further informati	ion concerning this matter, pleas	se call:	: C -
DORIS POLANCO		at (305	480-0269
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassas El. 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

LA PICKY ENTERPRISES, INC

(Name of Corporation as curren	itly filed with the Florida Dept. of State)		
P17000073518			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amo	ndment(s)
A. If amending name, enter the new name of the corporation:			
IMPACT SHUTTERS AMERICAN CORP		The	new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name n		
B. Enter new principal office address, if applicable:	33300 SW 212 AVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOMESTEAD, FL 33034		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33300 SW 212 AVE	15 G	
	HOMESTEAD, FL 33034	22	
		72	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		6: 17	- SINIE - SEATION
Name of New Registered Agent			ហ
(Florida :	street address)		
New Registered Office Address:	, Florida	(Zip Code)	
	(City)	(Lip Colle)	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia.		ion.	
Signature of New	Registered Agent, if changing		

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	JOSE E. SANCHEZ DIAZ	33300 SW 212 AVE
X Add			HOMESTEAD, FL 33034
Remove			
2) Change		-	
Add			
Remove			
3)Change			
Add			
Remove			JOS
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change	· ·		
Add			
Remove			

	(Be specific)	
· · ·		
.		
- 1		
•		
		-
2-4		
f an amendment provides for an evel	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		-
		-

	10/21/2019	, if other than th
The date of each amendment(s date this document was signed.) adoption:	, it other than th
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	Juntary	
Dated/@	184 BOLL STORY	
Signature	May room /	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	YANAY PILOTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	