## P17000081978

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## COVER LETTER

TO: Amendment Section Division of Corporations	,	<u>.</u>
NAME OF CORPORATION: THE ORIGINAL S	SHUTTER GUY "INC"	<u> </u>
DOCUMENT NUMBER: P17000081978		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Bruce Page	Se Name of Contact Person	1
THE ORIGINAL SHUTTER		
	Firm/ Company	
3900 MANNIX DRIVE SUIT		
	Address	
NAPLES FL 34114	20 10 10 0 1	
	City/ State and Zip Code	c
THEORIGINALSHUTTERC	~	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
JENNIFER ACCARDI	at ( <u>239</u>	200-1224
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 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	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

THE ORIGINAL	CHRITTED	CHV	PINION
THE ORIGINAL	SHULLER	Citty	TINU

(Name of Corporation	on as currently filed with the Flo	orida Dept. of State)
P17000081978		
(Docum	ent Number of Corporation (if kn	iown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following amendment(
A. If amending name, enter the new name of the co	orporation:	
NA		_ The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	' or "Co". A professional corp	orporated" or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		-
	<del></del> ,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	XI	
(Mulling dudress <u>MAT 191. AT CATT OFFICE BO</u>	<u></u>	<u> </u>
	<del></del>	
	<del></del>	
75 46 15 41 5 4 4 A	and affice address in Clavide, an	tor the paris of the
D. If amending the registered agent and/or register new registered agent and/or the new registered	office address:	ter the name of the
Name of New Registered Agent NA	·	
Name of New Registerea Agent 10.11		
	(Florida street address)	
	12 to the six of the conf	
New Registered Office Address:	(City)	Florida
	(Onj)	,
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.
Sione	ature of New Registered Agent, if	changing
·	) S S & y	
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.

<u>X</u> Change	PT	John Doc	
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	P	Bruce Page	3900 Mannix Drive #107
$\frac{X}{X}$ Add	<u></u>		Naples FI 34114
Remove			3900 mannix Drive #10
2) Change	T	Bruce Page	Naples FL 3-1114
X Add			
Remove 3) Change	P	JENNIFER ACCARDI	3900 MANNIX DRIVE #107 NAPLES FL 34114
Add			
X Remove			
4) Change	1	Jennifer Accardi	3900 Mannix Dr # 107
Add			Naples FL 34114
_X_ Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<mark>lf amending or add</mark> Attach <i>additional sh</i>	ing additional Art leets, if necessary).	icles, enter change (Be specific)	(s) here:			
1/A						
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·	- <del></del>					
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lf an amendment p	rovides for an exc	hange, reclassificat endment if not con	ion, or cancellation	on of issued share	<u>28.</u>	
(if not applical	ble, indicate N/A)	enoment it not con	tamed in the ame	nument itsen.		
	, , , , , , , , , , , , , , , , , , , ,					
NA						
·						
	<del></del> _					

	LI SEPTEMBER 2020	, if other than the
The date of eac date this docume	ch amendment(s) adoption:	, if other man the
date this docum	ten was agreed.	
Effective date <u>i</u>	if applicable:  (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
	ate inserted in this block does not meet the applicable statutory filing requirements, this dat fective date on the Department of State's records.	e will not be listed as the
Adoption of Ar	mendment(s) ( <u>CHECK_ONE</u> )	
The amendm	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action to required.	n and shareholder
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s cholders was/were sufficient for approval.	)
☐ The amendm	ment(s) was/were approved by the shareholders through voting groups. The following stateme parately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The n	number of votes cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
	11 SEPTEMBER 2020 Dated	
	Signature Oxlumba Occardi	
	(By 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 courappointed fiduciary by that fiduciary)	ı
	JENNIFER ACCARDI	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	VICE PRESIDENT/SECRETARY	

(Title of person signing)