## P17000088017

(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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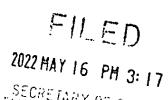
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: EAGLE EYE ALL	MINUM INC			
DOCUMENT NU	MBER: P17000088017				
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	itter to the following:			
	Tom Colman				
		Name of Contact Person	1		
	EAGLE EYE ALUMINUM INC				
		Firm/ Company	<del></del>		
	PO BOX 153137				
		Address			
	CAPE CORAL, FL 33915				
		City/ State and Zip Code	2		
	flepa97@aol.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
Youssef Rashid		at (	313-7166		
Nam	e of Contact Person	at (239 ) 313-7166  Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



EAGLE	EYE	ALUMINUM INC	

	TALL STATE OF STATE
(Name of Corporation as cur	irrently filed with the Florida Dept. of State 1555 F. Film
P17000088017	7 (1)
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
n /A	77
	The new on, "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1/1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent // /f	
7	
(Flor	rida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam	
Signature of N	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>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	D	Denise Connor	3271 Tamara Dr #2
X Add			Naples, FL 34109
Remove			
2) Change			
Add			<del></del>
Remove 3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			-
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If ame</u> (Attacl	ending or adding additional Article h additional sheets, if necessary). (	s, enter change( Be specific)	(s) here:			
	n/a					
	/'!					
	-					
					<del></del>	
	<del></del>					
	·					
		بر سرد و	,	e. 1.1		
prov	amendment provides for an exchan isions for implementing the amend	ge, reclassificati ment if not cont	ained in the a	ation of issued sn mendment itself:	iares.	
(	(if not applicable, indicate N/A)					
	<del></del>					
	<u> </u>					

	05/04/2022	
The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
0 Effective date <u>if applicable</u> :	5/04/2022	
Effective date <u>if applicable.</u>	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cas sufficient for approval.	t for the amendment(s)
	approved by the shareholders through voting groups.  for each voting group entitled to vote separately on the	
"The number of votes o	ast for the amendment(s) was/were sufficient for appro	oval
by:		
,	(voting group)	_
Dated	5-4-2022	
Signature		
(By sele	a director, president or other officer – if directors or of cted, by an incorporator – if in the hands of a receiver, pinted fiduciary by that fiduciary)	
	Tom Colman	
	(Typed or printed name of person signif	ng)
	President	
	(Title of person signing)	