## P18000014213

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JUL 1 2 2018

## **COVER LETTER**

FILED SECRETARY OF STATE NVISION OF CORPORALISM

TO: Amendment Section
Division of Corporations

2018 JUL -9 AN 11: 32

NAME OF CORPORATION: AWRING and fence Corporation of South Florida
DOCUMENT NUMBER: P 180000 142 13
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maricela Forte 1:3  Name of Contact Person  Awning and Fence Corporation of South Florida, Inc  Firm/ Company  194 NE. 32 fer  Address  Homestad Fl. 33033  City/ State and Zip Code  Msaladrigas & Jahoo. Com.  E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
Maricela Forteria at 106 303-9803  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Division of Corporations  Clifton Building Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Awning and Fence Corporation	n of South Florida Incu:
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
T 1600000 14913	- Yy
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
	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 must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10775 5W 190 ST #22
	Micimi FL 33157
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	184 NE 32 ter
	Homestead
	FC 33033
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent	419
· · ·	· · · · · · · · · · · · · · · · · · ·
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
419	
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; E = 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:	move, and sany	Sman, Sr as an Ada.		
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)	Title	<u>Name</u> :	<u>Addres</u> s	
1) Change		Maricela Fo	nterry 184 NE 32 ter	
Add	(vice pi	lsidint)	Homestead FL 3303	7
Remove				
2) Change				
Add			* ***	
Remove				
3 ) Change				
Add				
Remove				
4) Change	<del></del>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach <i>additional sheets</i> ,	if necessary).	es, enter change(s) (Be specific)			
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an amendment provid	es for an exchan	ge, reclassification	, or cancellation	of issued shares,	
rovisions for imale as (if not applicable, in	ting the amend dicate N/A)	ment if not contain	ed in the amenda	ment itself:	
		10/1			
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		<u> </u>			<del>_</del>

The date of each amendment(s) adoption:date this document was signed.	06/01/18	, if other than the
Effective date if applicability	aboiliB	
(r	no more than 90 days after amendment file dat	te)
Note: If the date inserted in this block does not redocument's effective date on the Department of State		nts, this date will not be listed as the
Adoption of Amendments (CHEC	K.ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr		nendment(s)
☐ The amendment(s) was/were approved by the shimust be separately provided for each voting greaters.		
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval	
by	group)	
The amendment(s), was/were adopted by the boar action was not required.	and of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shar	eholder
Dated	118	
	at or other officer – if directors or officers have rator – if in the hands of a receiver, trustee, or that fiduciary)	
(Тур	Elier Forters  oud or printed name of person signing	<del></del>
<del></del>	President (Title of person signing)	