P180000 14636

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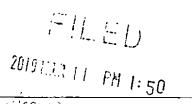
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DURA FENCES	& SUPPLIES CORP	
DOCUMENT NUM	P18000014636		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ANGEL CORPAS		
		Name of Contact Person	n
		Firm/ Company	
	8356 NW SOUTH RIVER	DR B	
	MEDLEY, FL 33166	Address	
		City/ State and Zip Cod	e
dura	fencessupply@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ANGEL CORPAS		786 at (299-3344
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DURA FENCES & SUPPLIES CORP

(Name of Corneration as curren			
P18000014636	tly filed with the Florida Dept. of State)		
(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 amendment(s)		
A. If amending name, enter the new name of the corporation: METAL FENCE SUPPLY 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	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	8356 NW SOUTH RIVER DR B		
(Principal office address MUST BE A STREET ADDRESS)	MEDLEY FL 33166		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8356 NW SOUTH RIVER DR B		
	MEDLEY, FL 33166		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the		
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre Name of New Registered Agent	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addre Name of New Registered Agent	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addre Name of New Registered Agent	dress in Florida, enter the name of the		

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 De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
<u>X</u> Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	-	_		
Add				
Remove				
2) Change				
Add		- - -		
Remove				
3) Change				
			·	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		-
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
Character Character				
6) Change		_		
Add				
Remove				

	ets, if necessary).	(Be specific)			
					
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				tion of issued sha	res.
lf an amendment pro	vides for an exch	ange, reclassific	catio <u>n, or cancella</u>		
provisions for imple	menting the ame	iange, reclassific ndment if not co	catio <u>n, or cancella</u> ontained <u>in</u> the am	endment itself:	
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If an amendment proprovisions for imple (if not applicable	menting the ame	nange, reclassific	cation, or cancella	endment itself:	

03/04/2019
The date of each amendment(s) adoption:, if other than date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
03/04/2019
Dated
Signature Signature
(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 court
appointed fiduciary by that fiduciary)
Angal Cachac
(Typed or printed name of person signing)
VP
(Title of person signing)