P18000050162

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900320114149

10/36/18--01012--002 **35.00

2018 OCT 30 PM 3: 19

Amend

NOV 0 5 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	. Sha	lune Doors	s and windows	Con
DOCUMENT NUMBER:	PIR	0000501	107	1
	descent and for any av	having for filing	<i>V.</i> <u></u>	
The enclosed Articles of Amer	iameni and tee are su	omitted for tiling.		
Please return all corresponden	ce concerning this man	tter to the following:		
	Ha	rold Moyo Name of Contact Person	borges	-
	Shayne	Doors and	windows corp	
	265 W.	24 St #17		
	Hialeah	Address FL 3301 City/ State and Zip Code	2	
	<u> </u>	City/ State and Zip Code		•
E-r	nail address: (to be us	ed for future annual report	notification)	
For further information concern	ning this matter, pleas	e call:		
Harold Moy	a Bivges		838 3910 de & Daytime Telephone Number	
Enclosed is a check for the foll	owing amount made p	ayable to the Florida Depa	rtment of State:	
	43.75 Filing Fee & ertificate 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 Ado	ress	Street 2	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Shayne Doors	and	Window:)
(Name of Corporation as currently	filed with the	ne Florida Dept. of S	<u>State</u>)	
<u> </u>	501	62		
(Document Number of	Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Horida Profii	t Corporation adopts	the following a	mendment(s) to
A. If amending name, enter the new name of the corporation:				
			T	he new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A profe	e," or "incorporated essional corporation	l" or the abbr name must con	eviation ntain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECULIARY STATES	FILED
D. If amending the registered agent and/or registered office address:		a, enter the name of	the E	-
Name of New Registered Agent				
(Florida stree	et address)			
New Registered Office Address:		, Flor	ida	
	Ciny)	, , , 101	(Zip Cod	(e)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accep	t the obligations of th	ie position.	
Signature of New Reg	gistered Ager	ıt, 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>	<u>John Doc</u>		
X Remove	<u>V</u> .	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
I) Change	_5_	Luis A	Fernandez Para	2-2360 SORVICE RD
X Add				OPA LOKA-FL 3305
Remove				
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	···
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
Dated 10/22/2018	
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)	_
Mercal Land	
(Typed or printed name of person signing)	
Dosidont	
(Title of person signing)	