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R. WHITE DEC 1 7 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hurricane Garage	Doors & Services, Inc.	
DOCUMENT NUM	D1000000000		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Shelly Owen		
		Name of Contact Person	1
		Firm/ Company	
	166 Tarklin Rd.		
		Address	
	Saint Johns, FL 32259	_	
		City/ State and Zip Cod	ę
Hurri	caneGarageDoorsJax@gmail.	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Shelly Owen		at (200-1788
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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

F	d d			
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	of the CD
	Huricane Garage Dans Vitherwices Tru
	(Name of Corporation as currently filed with the Florida Dept. of State) All 1: 45
8000068819	TALL VIR OF STATE
	(Document Number of Corporation (if known)
ersuant to the pro- Articles of Inco	rovisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment (orporation:
If amending r	name, enter the new name of the corporation:
	The new
Corp.," "Inc.,"	istinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the "professional association," or the abbreviation "P.A."
	rincipal office address, if applicable: address MUST BE A STREET ADDRESS)
r-*	attice address if annitables
	nailing address, if applicable: ress MAY BE A POST OFFICE BOX)
_	
If amending t	the registered agent and/or registered office address in Florida, enter the name of the
	ed agent and/or the new registered office address:
Name of	New Registered Agent
	166 Tarklin Rd.
	(Florida street address)
<u>New Reg</u>	ristered Office Address: SHINT JOYINS , Florida 30357
	(City) (Zip Code)
	A constant of the state of the
	Agent's Signature, if changing Registered Agent: the appointment as registered agent. I am familiar with and accept the obligations of the position.
,	
	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; 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.

X Change	PT John I	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike .</u>	<u>fones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	$\overline{}$	Robert Owen	166 Tarklin Rd.
X Add			Saint Johns, FL 32259
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)		
-		.
	. <u>.</u>	
	<u> </u>	
	·	
		<u> </u>
	·	
		- <u></u>
	<u> </u>	
an amendment provides for an exchange, reclassification, or	connellation of	iccuad charas
rovisions for implementing the amendment if not contained	in the amendme	nt itself:
(if not applicable, indicate N/A)		
autic Auga in Mars la 1 d	07%	Clas see
helly owen will tow hold	90%	Sviares,
nelly Owen will now hold Robert Owen will hold	100%	Claurec
ROBERT OWEN LOTTE MOTOR		<u> </u>

The date of each amendment(s) adoption	on:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :		n 90 days after amendment file date)	
	(no more thai	n 90 days after amenament file date)	
Note: If the date inserted in this block document's effective date on the Department.			his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the shareholders was/were sufficient		The number of votes cast for the amende	nent(s)
☐ The amendment(s) was/were approved must be separately provided for each		hrough voting groups. The following so to vote separately on the amendment(s)	
"The number of votes cast for the			
by		·••	
	(voting group)		
☐ The amendment(s) was/were adopted action was not required.	by the board of directo	ors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted action was not required.	•		ler
Dated 12/7/1	8		
Dated 19 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ley Over	<u></u>	
(By a director	or, president or other o	officer - if directors or officers have not the hands of a receiver, trustee, or other	
appointed fi	duciary by that fiducia	ry)	reduit
	Shelly C	ed name of person signing)	
	(Typed or print	ed name of person signing)	
	Presider	tle of person signing)	<u> </u>
	(Tit	tle of person signing)	