## P19000042249

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Florida Shutter Ins	stallation, Corp		
DOCUMENT NUM	P10000042240			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	Adley Siverio			
	Name of Contact Person			
	Florida Shutter Installation Corp			
	Firm/ Company			
	932 NE 24th Lane, Suite 9			
	Address			
	Cape Coral / FL 33909			
	City/ State and Zip Code			
	myflshutters@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Adley Siverio		at (239	770-2388	
Name of Contact Person		Area Coo	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee	☐\$43.75 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		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

Florida Shutter Installation Corp				
(Name	of Corporation as currently	filed with the Florida l	Dept. of State)	<u>-</u>
P19000042249				
	(Document Number of	Corporation (if known)		
Oursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporatio	n adopts the following	g amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
Florida Shutters Installation, Corp		_		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,"	Corp," "Inc," or "Co". A			
B. Enter new principal office address, if applicable:		932 NE 24th Lane, Suite 9, Cape Coral, FL 33909		
Principal office address MUST BE A S				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		932 NE 24th Lane, Suite 9, Cape Coral, FL 33909		
D. If amending the registered agent ar	nd/or registered office addre	ess in Florida, enter the	name of the	<u>~</u> 2
new registered agent and/or the ne				070
Name of New Registered Agent	Adley Siverio Bello			. 🚞
	932 NE 24th Lane, Suite 9			. 22
	(Florida stree	et address)	-	- 10 
New Registered Office Address:	Cape Coral		, Florida	
	(	City)	(Zip C	odel.
			ı	$\sim$

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)

Example:

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	<u>PT</u>	John Doc	
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
l) Change	٧	Adley Siverio Bello	2424 NE 1st Ave
X Add			Cape Coral, FL 33909
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
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Remove			
5) Change		<del></del>	
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Remove			
6) Change		_	
Add	<del></del>		

(Atta	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)	
Changii	g the Corporation into a "S" Corporation.	
-		
		_
		_
F. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	,	

July 20th, 2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
August 1st, 2020 Effective date if applicable:	
(no more than 90 days after amena	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filir document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors vaction was not required.	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for app by	oroval 
(voting group)	·
July 20th, 2020 Dated	
Signature Jose Siverio  (By a director, president or other officer – if directors or	
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	officers have not been r, trustee, or other court
Jose Siverio	
(Typed or printed name of person sign	ing)
President	
(Title of person signing)	