Division of Corporations Electronic Filing Cover Sheet

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(((H23000294420 3)))



H230002944203ABC-

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTING MAX SERVICES INC

Account Number : I20220000162 Phone : (954)724-1114 Fax Number : (954)252-4124

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN HURRICANE MASTER GARAGE DOORS, CORP

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu



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Tallahassee, FL 32314

From: mary tov

FAX: (X0)617-6380

## **COVER LETTER**

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: HURRICANE MA	STER GARAGE DOORS.	CORP	
	BER: P19000065966			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ORTAS, WILLIAMS			
		Name of Contact Persor	1	- ~
	HURRICANE MASTER GA	RAGE DOORS, CORP		) 
		Firm/ Company		
	3400 NW 101 ST			727
		Address		· 安设 🗲
	MIAMI, FL 33147			SECK TARY OF TALLAHASSE
		City/ State and Zip Code	2	- mi, ,
	willymiami0\$24@hotmail.co	om		
	E-mail address: (to be us	sed for future annual report	notification)	• •
For further information	on concerning this matter, plea	se call:		
ORTAS, WILLIAM		at (_305	4958876	
ORTAS, WILLIAMS  Name of Contact Person  at ( 305 ) 4958876  Area Code & Daytime Telephone Numb		et		
Enclosed is a check for	or the following amount made	payable to the Fiorida Depa	artment of State:	
S35 Filing Fee	☐S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FAX: (850) 617-6380

## Articles of Amendment to Articles of Incorporation

HURRICANE MASTER GARAGE DOOF	RS, CORP			
(Name of	Corporation as curren	tly filed with the Flori	ida Dept. of State)	
P19000065966				
	(Document Number	of Corporation (if knov	vn)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	s Florida Profit Corpo	ration adopts the following ame	ndment(s) to
A. <u>If amending name, enter the new name</u> AMAZING GARAGE DOORS, CORP	e of the corporation:		T/ .	
name must he distinguishable and contain th	ne word "corporation,"	"company," or "incorp	orated" or the abbreviation "Co	new orp., "
"Inc.," or Co.," or the designation "Cor "chartered," "professional association," o	p," "Inc," or "Co". r the abbreviation "P-3.	A professional corpor	ration name must contain the	word
		N'A	ςς. 	202
B. Enter new principal office address, if (Principal office address MUST BE A STR	applicable: REETADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
	,			AUG 21
			<u> </u>	24
C. Francisco and an incident of control	LI.		SS	24 AM
C. Enter new mailing address, if applies (Mailing address MAY BE A POST OF	FFICE BOX)	N/A	កា ។ ហ <sub>ួ</sub> ក	ا بو ا
			71.5	မ
			1	<del>;</del> ~>
				_
D. If amending the registered agent and/	or registered office add	dress in Florida, enter	the name of the	
new registered agent and/or the new i		<u> </u>		
Name of New Registered Agent	√/Λ 		<del>,</del>	
_	(Florida s	treet address,	<del>.</del>	
New Registered Office Address:			, Florida	
		(City)	(Zip Code)	<del></del>
New Registered Agent's Signature, if cha	nging Registered Agen	Ar.		
I hereby accept the appointment as register			bligations of the position.	
·	Signature of New	Registered Agent, if ch	anging	
Check if applicable		_ ~~		
The amendment(s) is/are being filed pure	suant to s. 607.0120 (11	) (e), F.\$.		

FAX.(810) 6+2-650

Example:

Fax: (850) 617-6320

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.

$\underline{X}$ Change	<u>74</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	<b>7</b>
Add			ZOZ3 AUG Z4
Remove			<u></u>
2) Change			24
Add			<u> </u>
Remove 3) Change			9: 32 E. FL
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

74r: 1810/617-6380

F+x: (800) 617-6300

E. If amending or adding additional Articles, enter change(s) here: (Auach additional sheets, if necessary). (Be specific)	
N/A	
	2023 AUG
	24
	SOC P
	EN 3
F. If an amendment provides for an exchange, reclassification, or cancellation	of the same of the same
provisions for implementing the amendment if not contained in the amend	ment itself:
(if not applicable, indicate N/A)	
N/A	
	V V V V V V V V V V V V V V V V V V V

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		FAX! 810	) 617-638
The date of each amendment(s) ad date this document was signed.	option:	····	if other than the
date uns document was signed.			
Effective date if applicable:	(no more than 90 days afte		
	(no more than II) days afte	r amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ook does not meet the applicable statu partment of State's records.	tory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of d	irectors without shareholder actio	n and shareholder
☐ The amondment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number officient for approval.	of votes east for the amendment(s	·)
must be separately provided for	roved by the shareholders through voting ach voting group entitled to vote separ	rately on the amendment(s):	n:
"The number of votes cast i	or the amendment(s) was/were sufficie	nt for approval	
ty			
	(voting group)	<del></del>	
August 15, . Dated	2023		2023 AUG 24 Signa bara Tallaha
Signature $-\hat{w_i}$	WIN OMES		3 24 AHA
selected	rector, president or other officer—if dir , by an incorporator – if in the hands of ad fiduciary by that fiduciary)		SSE M
_	ORTAS, WILLIAMS		9: 3 <b>2</b>
	(Typed or printed name of p	erson signing)	<del></del>
	PRESIDENT		

(Title of person signing)

FAT: (810)617-6380