P22 000 072 152

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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CODBOD	MONTESINO SHU		
NAME OF CORTOR	P22000072152		
DOCUMENT NUMB	ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
}	MAIKELL MONTESINO		
1	MONTESINO SHUTTERS, I	Name of Contact Person	1
· :	21938 HERNANDO AVE	Firm/ Company	
- 1	PORT CHARLOTTE, FL 339	Address	
		City/ State and Zip Code	2
1	maikellsino84@gmail.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MAIKELL MONTESI	NO	305 at (409-2703
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MONTESINO SHUTTERS, INC.

2022 SEP 23 PH 3: 22

(Name of Corporati	on as currently filed with the Florida Dept	r of State)
P22000072152		TALL AHASSER, P.C.
		IFCLAHASSER, DE
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> ac	dopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corporation n	The new or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, if applicable		
(Principal office address MUST BE A STREET ADI		
		<u> </u>
	 	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	
		
D. If amending the registered agent and/or registe	rad office address in Florida, enter the nai	me of the
new registered agent and/or the new registered		ine to the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
New Registered Office Address.	(Citv)	(Zip Code)
	•	
New Registered Agent's Signature, if changing Reg	istored Agent	
I hereby accept the appointment as registered agent.		s of the position.
Sign	ature of New Registered Agent, if changing	
•		

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 De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
	VP		Arislennis Gongora Penal	21938 HERNANDO AVE
1) Change X				PORT CHARLOTTE, FL 33952
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

•	cles, enter change(s) he (Be specific)		
	• •		
	<u> </u>		
			
	ange, reclassification, o	r cancellation of issued	shares.
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f an amendment provides for an exch provisions for implementing the ame	idment if not contained		
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September 19, 2022

The date of each amendment(s) a date this document was signed.	doption:		if otl	her than the
Effective date if applicable:	(no more than 90 days after amendment file date)			
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements.	this date will	not be 1	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehold	der action and	sharehol	lder
■ The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amenafficient for approval.	dment(s)		
must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(s) for the amendment(s) was/were sufficient for approval	د): دي.	2022 SEP 2	
09/19/2022 Dated		FALLAHASSELECT	23 PM 3: 22	
(By a d selecte	irector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that fiduciary) Markel MonTesino (Typed or printed name of person signing)			
	MAIKELL MONTESINO (Title of person signing)			