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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: SOUTHERN PRE	CISION PANNELS INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CAROLINA VILLARROEL		
		Name of Contact Persor	1
	SOUTHERN PRECISION P.	ANNELS INC	
	-, ., .	Firm/ Company	
	5117 SW 149 PL		
	7-1-1	Address	
	MIAMI, FL 33185		
		City/ State and Zip Cod	e
	carolablue21@gmail.com		
	É-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea		219-8471
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	nriment of State:
S35 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)
Maifing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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

SOUTHERN PRECISION PANNELS INC

(Name of Corporation as current	ly filed with the Florida Dent. of Stafe)	
OUTHERN PRECISION PANNELS INC		3
	(if known)	
ursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amer	idnici
• If amending name, enter the new name of the corporation: OUTHERN PRECISION PANELS INC	Thv	
me must be distinguishable and contain the word "corporation," 'ne.," or Co.," or the designation "Corp," "ine," or "Co", hartered," "professional association," or the abbreviation "P.4.	company," or "incorporated" or the abbreviation "Co. 4-professional-corporation name must contain the v	131., "
Enter new principal office address, if applicable:	N/A	
rincipal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
ALCE II STATE DE LENGT A PARTE DANS		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		_
(Matting address MAY BE A POST OFFICE BOX)		_
(Mailing address MAY BE A POST OFFICE BOX)		
	ress in Florida, enter the name of the	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the	
If amending the registered agent and/or registered office address registered agent and/or the new registered office address	ress in Florida, enter the name of the	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N/A	ress in Florida, enter the name of the si	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address. Name of New Registered Agent N/A	<u></u>	

Check if applicable

 \square 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)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	CAROLINA VILLAROEL	5117 SW 149 PL
Add			MIAMI, FL 33185
X Remove			
2) Change	P	CAROLINA VILLARROEL	5117 SW 179 PL
Add		· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33185
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change		_	
Add			
Remove			

took additional share 12	litional Articles, enter	change(s) nere:		
tach additional sheets, if	necessary), (Be specij	µc)		
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in amendment provides ovisions for implement	for an exchange, recla	<u>issification, or cancel</u> yet contained in the o	ation of issued shares.	
(if not applicable, indi	eate N4)	ioi containeu in the a	menument usen.	
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date this document was signed. 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 tiling requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was were adopted by the shareholders. The number of votes east 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 yoting group entitled to yote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval 01-01-2024 Dated 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) CAROLINA VILLARROEL (Typed or printed name of person signing) PRESIDENT

(Title of person signing)