**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 Phone : (239)777-1028

Fax Number : (877)275-3593

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

Email Address:\_\_\_

SUPPORT@LICENSESETC.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN NATIVE SONS WINDOWS, DOORS, & MORE INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000386750 3)))

## **COVER LETTER**

TO: Amendment Sc Division of Cor						
NAME OF CORPO	ORATION: Native Sons Windo	ows, Doors & More Inc.				
DOCUMENT NUM	1BER: P24000064418					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
:	Kaylin Tobia					
• •		Name of Contact Person	1			•
• .	Native Sons Windows, Doors	& More Inc.				
		Firm/ Company				
	4552 Eldron Aye				<b>N</b>	
	<u></u>	Address		<u> </u>	024	
_	North Port, FL 34286		,	, 	8	227
		City/ State and Zip Code	;	Ξ}-	1 2 AON 1202	روستانی روستانی
	nativesonswdm@yahoo.com		<u>ن</u> ن	KHASSET THE TOTAL	_	المستريخ المستريخ
	E-mail address: (to be us	sed for future annual report	notification)	न्त्रः ग <sub>८२</sub>	AM 10: 30	
				25		O
For further informati	ion concerning this matter, pleas	se call:		<u></u>	õ	
Kaylin Tobia	·	407	773-3182			
Namo	of Contact Person	Area Co	de & Daytime Telephone Nun	nber	-	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
-Ar Di 'P.(	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassec Monroe Street, Suite 810 ssee, FL 32303	1		

(((H24000386750 3)))

Articles of Amendment to Articles of Incorporation of

( <u>Name</u>	of Corporation as currently file	d with the Florida Dept. of Sta	ate)	
24000064418				
	(Document Number of Cor	poration (if known)		
arsuant to the provisions of section 607 Articles of Incorporation:	7,1006, Florida Statutés, this <i>Flori</i>	da Profit Corporation adopts th	e following ame	indme
If amending name, enter the new n	name of the corporation:			
				, new
me must be distinguishable and contained. or Co., or the designation	Corp." "Inc." or "Co". A pro	any," or "incorporated" or the of fessional corporation name m	abbreviation "Co ust :contain, the	orp., word
hartered," "professional association,	or the abbreviation "P.A."		202	
Enter new principal office address rincipal office address MUST BE A.S.	erpert Andres			
rincipal office agaress vios is de vis	<u> </u>		<u> </u>	
			IAS	1
			SEE A	
Enter new mailing address, if app (Mailing address MAY BE A POST	licable: FOFFICE ROX)		E S 6	
			30	
	<del></del>			<del>,</del>
	<u> </u>			<del></del>
If amending the registered agent a	ind/or registered office address i	n Florida, enter the name of t	<u>he</u>	
new registered agent and/or the ne	ew registered office address:			
Name of New Registered Agent	<u> </u>			
,				
	(Florida street ac	ldress)		
New Registered Office Address		, Florid	da	<u> </u>
	(City)	)	(Zip Code)	
		•		
ew Registered Agent's Signature, if	changing Registered Agents			•
nereby accept the appointment as regi	stered agent. I am familiar with t	and accept the obligations of the	position.	
	Signature of New Regist	ered Agent, if changing	<del></del>	
•		• *		

From: Licenses Etc. (((H24000386750 3)))

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 léaves 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.

Example: 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	<u>Name</u>	Address
1) Change	VP	Zachary Lallemand	4552 Eldron Ave
Add			North Port, FL 3428650
X Remove	TS	Shannon Tobia	3438 Cancun Ct SSC T
Add			Cape Coral, FL 3390942
X Remove 3) Change	<u>s</u> .	Lee Giles	19180 Witts End
X Add	•		Alva, FL 33920
Remove			
4) Change Add			
Rémove			
5) Change	<del></del>		
Add			·
Remove			
6) Change ; Add			
Remove			

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rovisions for implementing the ar	mendment if not contained in the ame	on of issued shares, ndment itself:	
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rovisions for implementing the ai (if not applicable, indicate N/A)	mendment if not contained in the ame	on of issued shares, ndment itself:	

The date of each amendment(s)	adoption:					_, if ot	her than the
date this document was signed.							
Effective date if applicable:		(no more than 90) a	lays after amendment	file date)	<del></del>	· <del></del>	<del></del>
Note: If the date inserted in this document's effective date on the	s block does no Department of S	t meet the applicab State's records.	ole statutory filing req	uirements, this	date will	not be	listed as the
Adoption of Amendment(s)	( <u>CH</u>	ECK ONE)					
The amendment(s) was/were action was not required.	adopted by the i	ncorporators, or bo	ard of directors withou	ut shareholder a	ction and s	shareho	older
☐ The amendment(s) was/were by the shareholders was/were	adopted by the ses sufficient for a	shareholders. The n pproval.	number of votes cast fo	or the amendme	nt(s)		
☐ The amendment(s) was/were must be separately provided  "The number of votes c	for each voting	group entitled to vo	te separately on the a	mendment(s):	ALL AHA	2024 NOV 2 I	
Dated 11/2	(voti	ng group)		·	SSEE, FL	AM 10: 38	M
sele	cted, by an inco	dent or other officer rporator – if in the l by that fiduciary)	r if directors or offic hands of a receiver, tru	ers have not becausee, or other co	en ourt	<del>-</del>	
:	Kaylin Tobi					•	<del></del>
	. (	Typed or printed na	ime of person signing)	•	•		
	President	,					
·	.(	Title of person sign	ing)				