P93000034234

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Liberty Alu	minum Co.	
DOCUMENT NUMBER: P93000034234		
The enclosed Articles of Amendment and fee an	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
James E. Lowndes		
Name o	of Contact Person	
Liberty Aluminum Co.		
Fir	m/ Company	
5613 6th St. W.		
-	Address	
Lehigh Acres FL 33971		
* · · · · · · · · · · · · · · · · · · ·	ate and Zip Code	
JimLowndes@libertyalu	ıminum com	
	for future annual report notification)	
For further information concerning this matter,	please call:	
James E. Lowndes	at (239) 369-3000	
Name of Contact Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for the following amount m	ade payable to the Florida Departn	nent 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)
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	ne grand
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Liberty Aluminum Co.

(Name of Corporation as currently filed with the Florida/Dept. of State

P93000034234

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A.	If:	amending	name,	enter	the	new	name	of	the	cor	porati	on:

The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation nat association," or the abbreviation "P.A."	" "Inc.," or Co.,	" or the designation	"Corp," "Inc," or
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
	-		
D. If amending the registered agent and/or new registered agent and/or the new reg			enter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	and the state of t
New Registered Office Address:	(Florid	a street address)	
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang	ing Registered Age	ent:	
hereby accept the appointment as registere osition.			cept the obligations of th
_	Signature of New R	egistered Agent, if c	hanoino

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1) PSTD	James E Lowndes	16112	Forest Oaks Drive	
		Fort Mye	rs FL 33908	
2) <u>C</u>	James E Lowndes		Forest Oaks Drive s FL 33908	
3) <u>V</u>	James D Guerin		Washington Loop Rd	
		Punta (Gorda FL 33982	
4) <u>v</u>	James D Guerin III		18th Street W Acres FL 33971	
5)				
6)				
If REMOVING	S an officer and/or director, pleas	e list the title(s) a	nd name of the office	r/director to be
removed:				
Title(s)	Name	Title(s)	<u>Name</u>	
1)		4)		
2)		5)		
3)		6)		

(atto	ich additional sh	eets, if necesso	ary).	(Be specific)			
						•	
10							
					· · · · · · · · · · · · · · · · · · ·		
If:	an amendment	provides for a	n exch	ange, reclassi	fication, or o	cancellation	of issued shares
If:	an amendment Ovisions for imp (if not applicab	lementing the	amen	ange, reclassi dment if not o	fication, or o	cancellation the amendn	of issued shares nent itself:
If:	<u>ovisions for imp</u>	lementing the	amen	ange, reclassi dment if not o	fication, or contained in	eancellation the amendn	of issued shares nent itself:
If a	<u>ovisions for imp</u>	lementing the	amen	ange, reclassi dment if not o	fication, or o	cancellation the amendn	of issued shares nent itself:
If a pro	<u>ovisions for imp</u>	lementing the	amen	ange, reclassi dment if not o	fication, or contained in	eancellation the amendn	of issued shares nent itself:
If a	<u>ovisions for imp</u>	lementing the	amen	ange, reclassi dment if not o	fication, or o	cancellation the amendn	of issued shares
If:	<u>ovisions for imp</u>	lementing the	amen	ange, reclassi	fication, or contained in	cancellation the amendn	of issued shares
If a pro	<u>ovisions for imp</u>	lementing the	amen	ange, reclassi	fication, or o	cancellation the amendn	of issued shares
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If: pro	<u>ovisions for imp</u>	lementing the	amen	ange, reclassi	fication, or contained in	cancellation the amendn	of issued shares

¹ The date of each amendment	c(s) adoption: $10-31-1/1$
Personalis data is a limit to	(date of adoption - required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated Oct	ober 31, 2011
Signature	a director, president or other officer – if directors or officers have not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	James E Lowndes
	(Typed or printed name of person signing)
	President
	(Title of person signing)