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## COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael D. Gentzle

Name of Contact Person

Coleman, Yovanovich & Koester, P.A.

Firm/ Company

4001 Tamiami Trail North. Suite 300

Address

Naples, FL 34103

City/ State and Zip Code

charris@superiorsheds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Michael D. Gentzle
 at (239)
 435-3535

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & □\$43.75 Certificate of Status Certific (Addition

S43.75 Filing Fee & S Certified Copy ( (Additional copy is ( enclosed) (

S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> 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	20 17 29
	SUPERIOR SHEDS, INC.	120
(Name of	Corporation as currently filed with the Florida Dept. of State)	
	P94000022522	Ģ.
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fo	blowing amendment(s) to
A. If amending name, enter the new nam	e of the corporation:	
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered." "professional association." or B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>	apolicable:	The new reviation "Corp.," contain the word
C. <u>Enter new mailing address, if applica</u> (Mailing address <u>MAY BE A POST OF</u>	<u>ble:</u> • <u>FICE BOX</u> )	
D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u> <u>Name of New Registered Agent</u>	or registered office address in Florida, enter the name of the egistered office address;	
-	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
<u>New Registered Agent's Signature, if chan</u> I hereby accept the appointment as registered	n <mark>ging Registered Agent:</mark> d agent. I am familiar with and accept the obligations of the posi	ition.

Signature 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)

.

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.

Example: X Change

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PT John Doe

X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Christy R. Harris	2323 S VOLUSIA AVE
XAdd			ORANGE CITY, FL 32763
Remove			
2) Change	VP	Hector Llamas	2323 S VOLUSIA AVE
X Add			ORANGE CITY, FL 32763
Remove			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ර) Change			<u> </u>
Add			
Remove			

E.	If amending or adding additional Arti	icles, enter change(s) here:
	(Attach additional sheets, if necessary).	

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F. If an amendment provides for an exchange, reclassification, or cancellation of iss	ued shares
provisions for implementing the amendment if not contained in the amendment	iter if
(A man P 11 - 1 - 10)	itsen;
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	- <b>-</b>

The date of each amendment(s) adoption:	, if other than the
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 filing 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 cast 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 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)

April <u>9</u>, 2020 Dated tar 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)

David N. Sexton

(Typed or printed name of person signing)

President

(Title of person signing)