## P9600016919

(Re	questor's Name)		
,	,		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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JUN 2 5 2018 S. YOUNG

SECRETARY OF STATE (ALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ALPINE TOOL INC P96000016919 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 4e St N - Unit 703-A bay (r · com · ised for future annual report notification) For further information concerning this matter, please call: at ( 727 ) 580 - 540 Z

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation

 $\mathbf{of}$ 

Alline	TOOL INC	-	
		ith the Florida Dept. of State)	<u> </u>
P960	00016919		
- <del></del>	nent Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006. Floridates Articles of Incorporation:	a Statutes, this <i>Florida</i> I	Profit Corporation adopts the fo	Howing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	o," "Inc," or "Co". A		the abbreviation
B. Enter new principal office address, if applicable		· · · · · · · · · · · · · · · · · · ·	·
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS )	41	<i>2</i> ;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)  D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent	red office address in Fl	orida, enter the name of the	FILED JUN 22 PM 3: 22  THE TARGET OF STATE  THE TAR
	(Florida street addres	re)	
New Registered Office Address:		, Florida_	
	(City)	-	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		accept the obligations of the pos	ition.
Sign	ature of New Registered	Agent, if changing	

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.

Evample: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	sV	Mario Lopez	
Add		V	
Remove			
2) X Change	PVST	Normallopez Norma B. Lopez	211 Paradeas Ave N-Ait 108 St. Pedersburg Fe. 33710
Add		Norma B. Lopez	St. Pederburg Fe. 33710
Remove		,	
3 ) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del> </del>	
•	
<del></del>	
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/4)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: $6/18/19$ date this document was signed.	, if other than the
Effective date if applicable: 6/18/18  (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 w document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK QNE)	
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 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
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)	
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>

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