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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 620 N.R.Ver E-mail address: (to be used for future annual deport notification) For further information concerning this matter, please call: at (<u>239</u>) <u>9942079</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & Certificate of Status Certified Copy ☐ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

D4 A	Alumino	um inc			
(Name of Corpora		filed with the Florid	a Dept. of State)	-	
P990	0008103	37			
(Does	ument Number of (Corporation (if known)		_
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	da Statutes, this F	lorida Profit Corpora	ation adopts the fo	llowing ame	endment(s) to
A. If amending name, enter the new name of the	corporation:				
				The	new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coo word "chartered," "professional association," or th	rp," "Inc," or "C	'o". A professional c	ncorporated" or corporation name	the abbrevi	iation
B. Enter new principal office address, if applicab	ole:				
(Principal office address <u>MUST BE A STREET AI</u>	<u>DDRESS</u>)				
		-	-		
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)				8
				独펜	A E F
				5.7	\(\frac{1}{2}\) \(\frac{1}{2}\)
			<u>-</u>	Ţ.;	<u> </u>
D. If amending the registered agent and/or regist		ss in Florida, enter tl	he name of the		至日
new registered agent and/or the new registere	d office address:				Ç
Name of New Registered Agent				<u> </u>	57
	(Florida stree	rt address)			
New Registered Office Address:			, Florida		
new regimeren oppge runrens.	((City)	Pionga	(Zip Code)	
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.	egistered Agent:	the and agreement the out to		141	
т петелу ассерт те арринитені их тедіметей адені.	r am jamilar wi	ін ана ассері іне ооц	gauons of the posi	uon.	
Sig	nature of New Res	gistered Agent, if chan	iging		

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	Secretary Rileigh Edwards	13620 N. R. ver Rd. Alva Fl 33920
Remove		
2) Change Add	Sec/Treas. Anna Edwards	13620 N.River Ro Alva Fl. 33920
Remove 3) Change	Treasurer Anna Edwards	13620 N. River R. Alva Fl. 33920
Remove		
4) Change Add		
Remove		
5) Change		
Add Remove		
6) Change		
Add Remove		

(Attach <i>a</i>	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
		
		
<u>-</u>		
If an am provision	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:	
(if i	t applicable, indicate N/A)	
		
-		

The date of each amendment(s) adoption: 5-18-18 date this document was signed.	_, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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):	
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 8-18-18 Signature 15-18	
(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)	
President.	
(Title of person signing)	