

Public Access System

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000229399 3)))



H090002293993ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: FASTKIT CORPORATE OUTFITS Account Name

Account Number : 071001002335 Phono : (305) 599-0839
Fax Number : (305) 715-0344 : (305)716-0346 Fax Number

AMND/RESTATE/CORRECT OR O/D RESIGN

ALUFAB USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Monu

Help

# Articles of Amendment Articles of Incorporation of

Z S	0000		
K,	000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) (C) /4.	5 %
<del></del>	3600 (2)	84 A	5
	<del>د</del> ې	16.	

ALUFAB USA, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

## P09000074596

(Document Number of Corporation (if known)

lowing

Pursuant to the provisions of section 607.1006, Florida State amendment(s) to its Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	6490 METRO PLANTATION RD
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS, FL 33966
:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST () FFICE BOX)	6490 METRO PLANTATION RD
	FORT MYERS, FL 33966
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
1	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registured agent. I am fam	sent: fliar with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

# If smending 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
D	JANET L. JAMES	1563 NW 102ND DRIVE CORAL SPRINGS, FL 33071	☐ Add ☑ Remove
		<u> </u>	_
E. <u>If amend</u> (attach ad	ling or adding additional Articles iditional sheets, if necessary) (B	s_enter_chappe(s) here: le specific)	
provisio	nendment provides for an exchanges for implementing the amenda on applicable, indicate N/A)	ge, reclassification, or cancellation of is pent if not contained in the amendment	gued shares. itself:
	,		
		,	

The date of each amendmen	t(s) ndoptiou: 10	0/27/2009
Effective date if appliesbla:	10/27/2009	(dote of adoption is required)
	(no more than !	90 days after amendment file date)
Adoption of Amendment(s)	, <b>(C1</b> 8	IECRONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ns shareholders through voting groups. The following statemen: group entitled to vote separately on the amendment(s):
"The number of votes	cast for the annen	sizent(s) was/were sufficient for approval
by		
•	(vottus group)	
action was not required.		board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
Dated 10/2	7/2009	
· Signature_	3	
sele		ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other count by that fiduciary)
		HUGO L MIR
	ולב)	ped or printed name of person rigning)
		PRESIDENT
	(Title of	f person signing)

Çi