## P03000585a7

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lock Tight Impact	Windows, Doors and Roo	fing, Inc
DOCUMENT NUM	BER: P03000058527		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ALI GUVEN KIVILCIM		
		Name of Contact Person	1
	Lock Tight Impact Windows	. Doors and Rofing, Inc	
		Firm/ Company	
	2200 SW 45th Street, Suite 1	01	
		Address	
	Fort Lauderdale, FL 33312		
		City/ State and Zip Cod	9
	ali@agkconsulting.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ALI GUVEN KIVILÇIM		at ( 305	430-9113
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Cutre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

LOCK TIGHT IMPACT WINDOWS, DOORS & ROOFING, INC

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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(Name of Corporation as curren	tly filed with the Florida Dept. of Stafe)
P03000058527	tly filed with the Florida Dept. of State) 8:40
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2200 SW 45TH STREET, SUITE 101
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33312
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2200 SW 45TH STREET, SUITE 101
	FORT LAUDERDALE, FL 33312
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
	<u> </u>
Name of New Registered Agent	<del></del>
(Florida s	treet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	it-
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing
Check if applicable	

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 PT John Doe X Remove <u>V</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> <u>Addres</u>s (Check One) SHEVIN GOODMAN 15951 SW 41ST STREET, STE 100 1) \_\_\_\_ Change DAVIE, FL 33331 \_\_\_ Add Х Remove RAULARAUJO 15951 SW 41ST STREET, STE 100 2) \_\_\_\_ Change DAVIE, FL 33331 Add Remove ALI GUVEN KIVILCIM 2200 SW 45TH STRET, SUITE 101 Change FORT LUDERDALE, FL 33312 Add \_ Remove MIGUEL VAZQUEZ, JR 2200 SW 45TH STREET, SUITE 101 4) \_\_\_\_ Change FORT LAUDERDALE, FL 33312 Add \_ Remove *5)* \_\_\_\_ Change \_ Add Remove 6) Change \_\_ Add Remove

	icles, enter change(s) here: (Be specific)
<del></del>	
<del></del>	
	<del> </del>
I an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ainer	against the first contained in the amendment risen.
(if not applicable, indicate N/A)	

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JULY 9, 2025 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 (voting group) JULY 9, 2025 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) ALI GUVEN KIVILCIM (Typed or printed name of person signing) PRESIDENT

(Title of person signing)