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.

(((H23000166319 3)))



H030001660195A661+

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 : (858)617-6388

From

Account Name : REZLEGAL, LLC Account Number : I20140000033

Phone : (984)685-9321 Fax Number : (984)567-1866

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

massimofoti@comcast.net

COR AMND/RESTATE/CORRECT OR O/D RESIGN ASSURED STORM WINDOW CORP.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

2023 HAY -3 PM 4:3(

Page: 3

H23000166319.3

COVER LETTER

TO: Amendment Se Division of Cor					
NAME OF CORPO	ORATION: Assured Storm Wi	ndow Corp.			
	1BER: P17000100013				
	s of Amendment and fee are st	ibmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	Eric A. Salama, Esq.				
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1		
	RezLegal, LLC				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			•
	816 A1A North, Suite 204			2023 MAY -3 AM 9: 08 SELL SHARY OF STATE TALLAHASSEE. FL	-
		Address		- 衰裂 心	
	Ponte Vedra Beach, Florida 32082				,
		City/ State and Zip Cod	<u> </u>	3 AM 9: 08 RY OF STATIONSSEE, FL	
	massimofoti@comcast.net	·		68	
	**************************************	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Eric A. Salama, Esq		at (at (513-2663		
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	ner	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	ertment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the I	lorida Dept. of State)	
P17000100013			
(Docume	nt Number of Corporation (if)	(nown)	
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendm	ient(s) to
A. If amending name, enter the new name of the cor	poration:		
GF & EF Holdings, Inc.		The ne	11.
name must be distinguishable and contain the word "cor, "Inc.," or Co.," or the designation "Corp," "Inc." "chartered." "professional association," or the abbrevi	or "Co". A professional co	corporated" or the abbreviation "Corp.,	
B. Enter new principal office address, if applicable:			3 3
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		E ==
			٠.,٠
			ې د ن
C. Enter new mailing address, if applicable:		SO B	: [
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	ψω, τ	
		무茲 "	_
			•
			
D. If amending the registered agent and/or registered	d office address in Florida, c	nter the name of the	
new registered agent and/or the new registered of	fice address:		
Name of New Registered Agent			
at the second section of the section of the second section of the	(Florida street address)		
		et i i	
New Registered Office Address:	(City)	, Florida (Zip Code)	
		,	
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered agent. To	am familiar with and accept th	e obligations of the position.	
Sumate	re of New Registered Agent, i	t 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
i) Change			2023 MAY - 3 SEE AND LARY TALL AHA
Add			AY
Remove			(/) MX
2) Change			AHASSEE,
Add			SEE, FILE
Remove 3) Change			
Add			
Remove			
4) Change	······		
Add			The state of the s
Remove			
5) Change			
Add			
Remove			
6} Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
		· · · · · · · · · · · · · · · · · · ·	 -
		. ,	
1844 · · · · · · · · · · · · · · · · · ·		<u> </u>	202
		AC:	2023 HAY
		AHX	-
		NSSEE.	7
		75	9: 08
		rv.	
f	ange, reclassification, or cancellation of issued shares,		
provisions for implementing the amer (if not applicable, indicate N/A)	adment if not contained in the amendment itself:		
(9 /// 14/7			

0.5 47			~ ~	-
31573	/2023	.13:	li (PΗ

TO:18506176380 FROM:9045126629

Page: 7

DocuSign Envelope ID: E4753542-A5DD-48B9-A4F3-4005A3B7BFF6

H23000166319.3

The date of each amendment(s) adoption:	, 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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	in and shareholder
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	FIL 2023 HAY - SECRETAL TALLAH
"The number of votes cast for the amendment(s) was/were sufficient for approval	ੁ≅ੂ ω ਬ
by (voting group)	AN 9: SSEE, F
May 3 , 2023 Dated	: 08
Dated	
(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)	
Edgardo M. Foti	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

OFFICER'S CERTIFICATE TO ACCOMPANY ARTICLES OF AMENDMENT OF THE ARTICLES OF INCORPORATION OF ASSURED STORM WINDOW CORP.

I. Edgardo Massimo Foti, being the duly elected, qualified and acting President of Assured Storm Window Corp., a Florida corporation (the "Corporation"), hereby certify that the Articles of Amendment accompanying this certificate were: (i) duly adopted and approved by all of the members of the Board of Directors of the Corporation in compliance with Section 607.1007 of the Florida Statutes on May 1, 2023; (ii) duly adopted and approved by all of the shareholders of the Corporation in compliance with Section 607.1007 of the Florida Statutes on May 1, 2023; and (iii) that the number of votes cast for the Articles of Amendment by the shareholders was sufficient for approval.

IN WITNESS WHEREOF, I have subscribed my name as President pursuant corporate authority on this 1st day of May 2023.

ASSURED STORM WINDOW

Edrardo Massimo Foti

Name: Edgardo Massimo Foti

Title: President