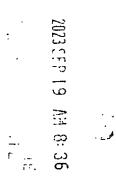
## P18000049880

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## **COVER LETTER**

**TO**; Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARCIA IMPACT	WINDOWS & DOORS, IN	<u>C</u>	
DOCUMENT NUM	BER: P18000049880	,		
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JVAIER ARCIA			
	(	Name of Contact Persor	1	
		Firm/ Company		
	29705 SW 143RD CT			
		Address		
	HOMESTEAD, FL 33033			
		City/ State and Zip Code	•	
	JAVIER890330@GMAIL.Co	ОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
	n concerning this matter, pleas		601 4541	
JAVIER ARCIA		at ( <u>786</u>	) 681-4541	
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	irtment 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)	
	iling Address		Address	
	endment Section	Amendment Section		
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee		
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ARCIA IMPACT WINDOWS & DOOR	S, INC		2023 SE? 19 AH 8: 36
(Name o	of Corporation as curren	tly filed with the Florida De	ept. of State)
P18000049880			
	(Document Number	of Corporation (if known)	•
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C	the word "corporation," Corp, " "Inc," or "Co".	"company," or "incorporated A professional corporation	The new d" or the abbreviation "Corp.," name must contain the word
"chartered," "professional association,"			
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
C. Enter new mailing address, if appli		N/A	
(Mailing address MAY BE A POST)	OFFICE BOX)		
			4.1
D. If amending the registered agent an new registered agent and/or the new			ame of the
	N/A		
Name of New Registered Agent		<u> </u>	
	(2)		
		treet address)	
New Registered Office Address:	N/A	With the second	Florida
		(City)	(z.p Coae)
New Registered Agent's Signature, if c	hanging Registered Agen	ı <u>t:</u>	
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligati	ons of the position.
	Signature of New	Registered Agent, if changing	<u></u> -
	,,	C C C C C C C C C C C C C C C C C C C	,
Check if applicable			

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

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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	ANDRIA HERNANDEZ ESTRADA	29705 SW 143RD CT
X Add			HOMESTEAD, FL 33033
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	lding additional Ar sheets, if necessary).	(Be specific)	nge(s) nere.			
( star ii addiiimaa .	meen, y necessary).	(De specific)				
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If an amendment	provides for an exc	hange, reclassif	ication, or canc	ellation of issue	d shares,	
(if not application)	nplementing the am able, indicate N/A)	enament ii not (	contained in the	: amenament its	eir:	
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٠:		08/01/2023	10 .1 .1 .1
		t(s) adoption:	, if other than the
	date this document was signed		
	Effective date if applicable:	08/01/2023	
	, approved	(no more than 90 days after amendment file date)	
	Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will a he Department of State's records.	not be listed as the
	Adoption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and s	hareholder
	☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	must he separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):  s cast for the amendment(s) was/were sufficient for approval	
	hy		
	,	(voting group)	
	Dated	3y a director, president or other officer – if directors or officers have not been	_
	Si	ppointed fiduciary by that fiduciary)	
		JAVIER ARCIA	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	<del></del>