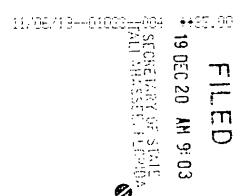
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ASSET WINDOW	'S,DOORS & MORE INC	
DOCUMENT NUMB	ER: P19000057788		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Debbra McCord		
·		Name of Contact Person	n
-		Firm/ Company	
	6611 Lytle Court		
-		Address	
	West Palm Beach FL 33405		
•		City/ State and Zip Cod	e
assetw	rindowsdoorsmore@gmail.co	οm	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Debbra McCord		at (⁵⁶¹	752-6926
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Islansee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ASSET WINDOWS, DOORS & MORE INC.

(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	
P19000057788			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporatio	on adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
			_The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional cor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		SE	19
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHAS	F DEC 2
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D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ldress in Florida, enter the ess:	name of the	ω
Name of New Registered Agent			-
			_
(Florida	street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		itions of the position.	
			-
Signature of Nev	v Registered Agent, if changi	ing	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	COO	Elvis Pietri	6611 Lytle Court
Add			West Plam Beach FL 33405
X Remove			
2) Change	CEU	80% Jason Olavarria	Level Lyff Cow +
Add			West Palm lash
Remove	0.6	a p. N. i. Alad I	
3) Change	CFC	20% Debbra McCord	Well Cylin Court
Add			West BER Brach Fl
Remove			33405
4) Change			
Add			
Remove			····
5) Change			
Add			
Remove			
6) Change	···		
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)					
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If an amendment provides for an excl provisions for implementing the ame	nange, reclassifi	<u>cation, or can</u> ontained in th	<u>cellation of issue</u> e amendment its	<u>d shares,</u> elf:	33.5	DEC.
(if not applicable, indicate N/A)	noi c	Olivanie de la Car		****	7.55 7.55	C 23
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son Olavarria should have 80% CFO		<u></u>	- 11 -	-		3
					- 07 - 24 - 15	77
ebbra McCord Should 20% CFO	·- -)	03
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	· 					
						

, if other than the

10-31-19

The date of each amendment(s) adoption: