# P09000041920

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Arnend C.COULLIETTE

DEC 09 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

Division of Co	orporations		
NAME OF CORP	ORATION: OGT	Window System	s, Inc
DOCUMENT NU	mber: <u>70900</u> 0	0691920	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
-	Ryan We	Vame of Contact Person	
-	OGT Winda	Systems, Inc.	
-	6960 pw 4	2 Steet Address	
-	Miami FL	ity/ State and Zip Code	
		d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
Jenny No	of Contact Person	at (305) 59(-)	377
		Area Code & Daytime Tele nade payable to the Florida Departr	-
¶\$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)
Mailing Ad	<u>dress</u>	Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

#### **Articles of Amendment**

to

## **Articles of Incorporation**

of

Oct window Systa	ems. Inc.
(Name of Corporation as currently f	filed with the Florida Dept. of State)
P09000041000	
(Document Number of	f Corporation (if known)
D	
amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:
216	The new
	ord "corporation," "company," or "incorporated" or the nation "Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable	. N/A
(Principal office address MUST BE A STREET ADD	
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BO)</li> <li>D. If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ul>	red office address in Florida, enter the name of the
Name of New Registered Agent:	N/A
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	vistered Agent:
тегеоў ассері те арротитет аз registerea agent.	I am familiar with and accept the obligations of the position.
	re of New Registered Agent, if changing

# 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) <u>Title</u> Address **Type of Action** Hodrews, Franks Alex Mendoza □ Add ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(	s) adoption: $12-9-09$
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.
	approved by the shareholders through voting groups. The following statemer for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	,,,
(	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	-4-09
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Title of person signing)