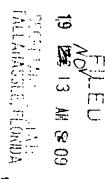
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COVER LETTER

Division of Co	rporations		
CHD tezer.	L WINDOWS SOLUTIONS I	LLC	
	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edgardo Arturo Insignares		
		Name of Person	
	GLOBAL WINDOWS SOLU	UTIONS LLC	
		Firm/Company	
	300 Glenridge Road		
		Address	
	Key Biscayne, FL 33149		
	edins@intertech-trading.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	
Edgardo Arturo Insignares		786 326-6103	
Name o	f Person	at () Area Code Daytime T	'elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL WINDOWS SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Florida document number L19000100282

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	JUAN CARLOS RODRIGUEZ	7415 Big Cypress Drive Miami Lakes, FL 33014	
			Add
			☐ Remove
			□ Change
			Add
			Remove
		-	☐ Change
			Add
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			Change
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		·····	Change
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:vote:	if the date inse	ter than the da ed, the date must be rted in this block date on the Depa	does not meet t	ine applicable sta	of filing or more that tutory filing requ	(optional) 190 days after filing.) F rements, this date w	Pursuant to 605.0207 (ill not be listed as t
ne red The	cord specifie 90th day af	s a delayed e ter the record	ffective date, l is filed.	, but not an e	ffective time,	at 12:01 a.m. or	n the earlier of:
Dated	November 11	th	20	119			
		_	7/				
		Sig	nature of a memb	er or authorized re	presentative of a me	ember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00