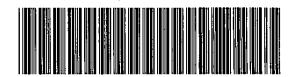
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(Re	questor's Name)	,
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SUNSHINE DOO	RS SPECIALISTS, INC.	
	1BER: P00000050231		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all com	respondence concerning this ma	uter to the following:	
	CARLOS HENRIQUE HAE	BIB	
		Name of Contact Person	1
	SUNSHINE DOORS SPECI	ALISTS, INC	
		Firm/ Company	
	16115 SW 117 AVE., STE.	A-18	
		Address	
	MIAMI, FL 33177		
		City/ State and Zip Cod	C
CA	R		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
CARLOS HENRIQ	UE HABIB	at (251-0300
Name	e of 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)
Ar Di P,G	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUNSHINE DOORS SPECIALISTS, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P0000050231	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	", "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A\N
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- А/А
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida sire	et address)
New Registered Office Address: N/A	Florida
(1)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	gistered 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)

Pleuse 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 <math>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	<u>v</u> ·	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ALICE PRIES	16115 SW 117 AVE., STE. A-18
X Add			MIAM, FL 33177
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Chunga			
5) Chunge Add	Ju		
Remove			
6) Change	***************************************		
Add ⁻			
Remove			

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) N/A	zanach 6	<mark>ding or adding ad</mark> additional sheets, if						
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. 1.	provisi	ons for implemen	ting the amend	lment if not co	ntained in the a	mendment itsel	<u>f:</u>	
N/A	(if	not applicable, ind	licate N/A)					
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The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this da repartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. <i>The following statemer each voting group entitled to vote separately on the amendment(s):</i>	ent
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the hoard of directors without shareholder action and shareholde	ा
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	6-	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	t
	CARLOS HENRIQUE HABIB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	