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Certified Copies	_ Certificates	of Status
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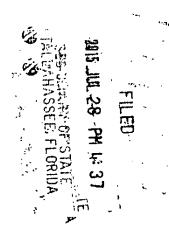
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JUL 8 0 2015 Á RAMSEY

## **COVER LETTER**

TO: Amendment Secti Division of Corpo	-· ·	
NAME OF CORPOR	EATION: Degan  DER: P0300	View Windows & Doors, Inc
The enclosed Articles	of Amendment and fee are su	abmitted for filing.
Please return all corres	pondence concerning this ma	
	Moch	e Hazort
•		Name of Contact Person
	Ocean Vien	Windows & Doors, Inc
	590 SW	Name of Contact Person  Winclows & Doors, Inc  Firm/ Company  9th Terrace  Address  Beach, F/. 33069  Clty/ State and Zip Code
	Pompano	Beach, F1. 33069
•	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code
	Mhazovi	t e gmail, com
	E-mail address: (to be us	sed for future annual report notification)
For further information	concerning this matter, pleas	se call:
moche	Hazort	at (954) 608-8739  Area Code & Daytime Telephone Number
Name o	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Department of State:
<b>幺\$</b> 35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to Articles of Incorporation

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	of	poration	F	B PH LE 31
Ocean View Wind	DINS & DA	ore That	THE JUL ?	OF STATE.
	poration as currently i	filed with the Flor	ida Dant of State	FITTE EL DUID.
		T.	TÄLEAR	ηΔ. ····································
	(Document Number of C	Corporation (it know	wn)	<u> </u>
arsuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corpo	pration adopts the f	following amendme
If amending name, enter the new name of	f the corporation:			
	·			The new
me must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professiona		
Enter new principal office address, if app				
rincipal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u> )			
Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u> )		······································	
				<u> </u>
If amending the registered agent and/or		<u>is in Florida, ente</u>	r the name of the	
new registered agent and/or the new regi	stered office address:			
Name of New Registered Agent				<del></del>
	(Florida street	t address)		
New Registered Office Address:			. Florida	
	(C	City)	,, <u>-</u>	(Zip Code)
w Registered Agent's Signature, if changi ereby accept the appointment as registered a	ng Registered Agent:	th and accent the o	bligations of the n	neition
егеоу ассері іне арронітені аз registerea с	igeni 1 am jamiliar Wil	п ини иссері іне 0	onganons of the po	sauon.
	Signature of New Reg	vistered Agent if cl	hanging	<del></del>

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	P Moche Hyzort	10210 Lexington Estate Blud
X Add		Boca Paton, Fl 33428
Remove		
2) <u><b>K</b></u> Change	VP Richard Goodman	11455 lakprieu Drive
Add		coral springs Fl. 33071
Remove		
3 ) Change		,
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add .		
Remove		
6) Change		
Add		
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Remove		

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ovisions for la	provides for an ex intementing the an able, indicate N/A)	nendment if not c	leation, or cance contained in the	ellation of issued nmendment itsel	shares. f:	
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The date of each amendment(s) adaption: Uly 24, 2015 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	·
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	,
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/24 /15 Signature Relation	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Richard Goodman	
(Typed or printed name of person signing)	
Richard Goodman  (Typed or printed name of person signing)  President	
(Title of person signing)	