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COVER LETTER

Division of Corporations NAME OF CORPORATION: THUNDER BAY WINDOWS & DOORS, INC. DOCUMENT NUMBER: <u>P03000153792</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES B YANKOWSKI

Name of Contact Person Thunder BAY WINDOWS & DOORS, INC
Finn/Company
4916 CEDAR KNOI/ PL
Address
PARRISH, FLORIDA 34219
City/State and Zip Code OCEA-ICOUIT C YAhoo. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_____)
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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 of

ThunDER BAY WINDOWS & DOOK (Name of Corporation as currently f	2S INC iled with the Florida Dept. of State		
P0300015379Z	-	•	
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the	following ame	endment(s) to
A. If amending name, enter the new name of the corporation:			
NIA		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 "P.,	". A professional corporation nam		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	19 64Y -8	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:		. A . D	
Name of New Registered Agent M/A		; ; y, 	:
(Florida street	address)		
New Registered Office Address: M/H (C.	, Florida_ ity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with High Signature of New Reg.	h and accept the obligations of the po istered Agent, if changing	osition.	
Signature of New Reg	istered 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)

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.

X Change	<u>PT</u>	John D	<u>ne</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>SV</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	SI	_	JAMES B. YANKOWSKI	4916 CEDAR KNOLL P. PARRISH, FL
Add				PARRISH, FL
X Remove				34219
2) Change	VI	- -	VERTALEEP YANKOWSK,	4916 CEDAR KNOLL PL
_X Add				PARRISH FL
Remove				34219
3) Change	_S_		CHARLES W. SORBER IR	1207 Z3RD AVE W
_X Add				PALMETTO, FL.
Remove				<u>34221</u>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				<u> </u>
Add				<u> </u>
Remove				

Attach additional sneets, if necessary).	ticles, enter change(s) here: . (Be specific)
NIA	
<u> </u>	
<u> </u>	
	tria to the contract of the co
or amendment provides for an exc	change, reclassification, or cancellation of issued shares, pendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	KHOIRER II DOCCORAINCO III CHE AMERICAE RISEIT.
. 1	
NII	
	Madi ¹

The date of each amendment(s) adoption: MAY 6, 2019, if other than the date this document was signed.
Effective date if applicable: MAY 6 2019
(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 not be listed as the document's effective date on the Department of State's records.
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
(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_MAY 6, 2019
Signature Hymn By Mous L. (By a director, president or other officer – if directors or officers have not been
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator — it in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
JAMES B. YANKOWSKI
(Typed or printed name of person signing)
PRESIDENT DIRECTOR
(Title of person signing)