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SECRETARY OF STATE
ALL ANASSEE FLORING

FEB 17 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HH&WH Shut	ters and Fer	nces Inc.		
DOCUMENT NUMBER:	P0800000256	0			
The enclosed Articles of Amenda	nent and fee are su	ibmitted for filing.			
Please return all correspondence of	oncerning this ma	tter to the following	ng:		
	Hubert	Herrero Jr			
		Name of Cont	act Person		
	H & H Sh	utters and I	Fences Ir	nc	
<u> </u>		Firm/ Cor	npany		
	890 Eas	t 38th Stree	et		
		Addre	ess		
	Hialeah	, Florida 33	3013		
		City/ State and	l Zip Code		
	bberdada	··· 1 a @ 1 d · · · a			
E-mai		wplus@live.c sed for future ann		tification)	
For further information concerning this matter, please call:					
	Herrero Jr	at (/86)	367-7671 & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:					
-	75 Filing Fee & ificate of Status	△\$43.75 Filing Certified Cop (Additional c enclosed)	py	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addre		Street Ad			
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Tallahassee, FL	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FILED

H & H Shutters and Fences Inc

14 FEB 13 AM 8: 49

(Name of Corporation as currently filed with the Florida Dept. of State PRETARY OF STATE

PORODODO2560 TALLAHASSEE, FLORIDA P08000002560

ent(s) to

(Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the	following amendm
A. If amending name, enter the new name of the corpor	ration:	
Window Plus Inc		The nev
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered," "professional association," or the abbr	Inc," or "Co". A professional corporation nam	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	, Florida	
New Registered Office Hauress.		Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		osition.
signature of New Re	zgisierea Ageni, ij 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.

Example: X Change	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add Remove				
2) Change				
Add Remove				
3) Change		_		
Add Remove				
4) Change	· · · · · · · · · · · · · · · · · · ·			
Add Remove				
5) Change			MALE 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
Add Remove				
6) Change				
Add		_		
Remove				

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
ovisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	n amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(y not applicable, malcule 1071)	(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	(y not approad to, marcate 1971)	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable:	nore than 90 days after amendment file date)	
(no m	nore inan 90 aays ajier amenameni jile aate)	
Adoption of Amendment(s) (CHECK (ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes cast for the amendment(s) al.	
The amendment(s) was/were approved by the sharel must be separately provided for each voting group	holders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	(s) was/were sufficient for approval	
by	"	
(voting gro	oup)	
The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholder	
Dated 02/10/2014 ///		
Signature	1 /	
(By a director, president of	ther officer - if directors or officers have not been	- 121-
	or - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by tha	n nauciary)	
Huber	rt Herrero Jr	
	(Typed or printed name of person signing)	
Pre	esident	_
	(Title of person signing)	_

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SECRETARY OF STATE
SECRETARY OF STATE