Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000087869 3)))

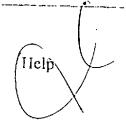


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	NOT hit the REFRESH/RELOAD button or Doing so will generate another co	ver sneet.	::
To:			
	Division of Corporations		5
	Fax Number : (850)617-6380		7
From:			
	Account Name : DMG FINANCIAL SERVICE	S INC	
	Account Number : I20230000151		
	Phone : (305)595-2407 Fax Number : (305)595-2408		
	the email address for this business enti- nual report mailings. Enter only one emai	ty to be use l address pl	d for fut .ease.**
	a support modifyings. Enter only one emai	ty to be used l address pl	d for futo ease.**
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Ema	COR AMND/RESTATE/CORRECT OF CORIDA HOME WINDOWS AND SH	PR O/D RES	ease.**

Electronic Filing Menu

Corporate Filing Menu



Tallahassee, FL 32314

COVER LETTER

TO: Amendment S Division of Co				
NAME OF CORP	ORATION: FLORIDA HOM	IE WINDOWS AND SHU	TTERS, CORP	
DOCUMENT NU	MBER: P08000040970			
The enclosed Articl	es of Amendment and fee are	submitted for filing.		
	respondence concerning this n	_		
	MARIA E RUIZ	v		
		Name of Contact Person		
	DMG FINANCIAL	Name of Contact Person	on.	
		Firm/ Company		
	7750 SW 117TH AVE SUI			207
	MIAMI FLORIDA 33183	Address		2024 MAR - 6 AM
	•	City/ State and Zip Cod	ie	
	MARIAQUIROS9@HOTM	AIL.COM		ASS T
	E-mail address: (to be u	sed for future annual repor	t notification)	·
For further informati	on concerning this matter, plea	se call:		7 3 4 S
MARIA RUIZ		at (595-2407	
Name	of Contact Person		ode & Daytime Telephone Nu	mber
Enclosed is a check fi	or the following amount made			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div	iling Address condinent Section ision of Corporations . Box 6327	Amend Divisio	Address iment Section in of Corporations entre of Tallahassee	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

(:Name of Corporation or minute)	ALCE TO THE STATE OF THE STATE
P08000040970	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must he distinguishable and contain the word "corporation," " "Inc" or Co.," or the designation "Corp," "Inc." or "Co". I "chartered," "professional association," or the abbreviation "P.A."	company, "or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	207
Principal office address MUST BE A STREET ADDRESS)	
	70 ==
Enter new mailing address, if applicable:	SSS
(Mailing address MAY BE A POST OFFICE BOX)	SEE SEE
	1175 (3
	75 3 <u>4</u>
If amending the registered agent and/or registered office address revistered upon and/or the	
If amending the registered agent and/or registered office address:	
Name of New Registered Assets	
Name of New Registered Agent	ess in Florida, enter the name of the
Name of New Registered Assets	ess in Florida, enter the name of the
Name of New Registered Agent	ess in Florida, enter the name of the
Name of New Registered Agem (Florida street New Registered Office Address:	ess in Florida, enter the name of the
Name of New Registered Agem (Florida street New Registered Office Address:	ess in Florida, enter the name of the er address) Florida
Name of New Registered Agent (Florida street New Registered Office Address: (Registered Agent's Signature if charging Daily and Control of the Control of	ess in Florida, enter the name of the et address) Florida (Zip Code)
Name of New Registered Agent (Florida street New Registered Office Address: (Registered Agent's Signature if charging Daily and Control of the Control of	ess in Florida, enter the name of the et address) Florida (Zip Code)
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Name of New Registered Agent (Florida street New Registered Office Address: (Some street of the Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with	ess in Florida, enter the name of the et address) Florida (Zip Code) th and accept the obligations of the position.
Name of New Registered Agent (Florida street New Registered Office Address: (Some street of the Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with	ess in Florida, enter the name of the et address) Florida (Zip Code)

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:

(Auach additional sheets, if necessary)

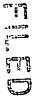
Please note the officer/director title by the first letter of the office title:

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, 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)	Title	<u>Name</u>	Address
1) Change	MGR	EVER D CORREA MADRIGAL JR	9978 SW 152 TERRACE MIAMI FLORIDA 33157
X Add			MIAMI FLORIDA 33157
Remove			AH#
2) Change	SEC	KENIA YUMART RODRIGUEZ	9978 SW 152 TERR 999
Add			MIAMI FLORIDA 33TS7'. 🤥
X Remove 3) Change			
Add		— . —	
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an excha-	nge, reclassification, or cancellation of issue	d shares.
provisions for implementing the ameno (if not applicable, indicate N/A)	lment if not contained in the amendment its	self:
(y nor appacable, matcate N/A)		
-		
		-
	-	



The date of each amendment(s) adoption:	if other than the
03/08/2024 Effective date if applicable:	The same with the
(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 necessarily document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	nareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s). The by the shareholders was/were sufficient for approval.	2024
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):	∰ ∰ 2024 MAR - 6
"The number of votes cast for the amendment(s) was/were sufficient for approval by	
איז ניז (יין ph	
by	9. 34
Signature (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)	
EBER A CORREA SR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	