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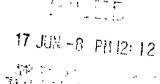
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TEW W	INDOWS INSTALLATION CORP.
DOCUMENT NUMBER: P110000 623	24
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
THÍAGO (ORTELETI Name of Contact Person
TEW WINDOW	5 INSTAULATION Firm/ Company
3441 NW 20th	`ST
	Address 4 FL 33066 City/ State and Zip Code
tcortekt @ gm E-mail address: (to be used	ail. com I for future annual report notification)
For further information concerning this matter, please	call:
CAMILA CORTELETI Name of Contact Person	at (954) 695 - 1393 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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



to

T&W WINDOWS	INSTALLATIO	ON CORP.	· · · · · · · · · · · · · · · · · · ·
(Name of C	orporation as currentl	y filed with the Flori	da Dept. of State)
P110000 62324			
	(Document Number of	f Corporation (if know	m)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corpo	ration adopts the following amendment
A. If amending name, enter the new name	of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or "	Co". A professional	"incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>	pplicable: EET ADDRESS)	N/A	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) D. If amending the registered agent and/or new registered agent and/or the new re	FICE BOX) r registered office adda		the name of the
Name of New Registered Agent	N/A		<u> </u>
	(Florida str	eet address)	
New Registered Office Address:	N/A	(C)+.)	, Florida
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ging Registered Agent:	(City)	(Zip Code)
·	Signature of New R	egistered Agent, if ch	anging

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	_D_	ANGELO RIBETRO DA SILVA	3441 NW 20th ST.
Add		JUNIOR	COCONUT CREEK
_X_Remove			FL 33066
2) Change	_D_	WANDERLEI RIBEIRO	3441 NW 20th ST.
Add		DA SILVA	COCONUT CREEK
X Remove			FL 38066
3) Change	D	IHAGO BORTOLOTI	3441 NW 20195T.
X Add		SALES	COLONUT CREEK
Remove			FL 33066
4) Change Add	D	HUGO RICARDO MONTEIRO CANUDO	3441 NW 20 ¹¹ 5T COCONUT CREEK
Remove			FL 33066
5) Change			
Add			
6) Change		-	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
•	
N/A	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
• •	
N/A	
·	

The date of each amendment(s) adoption:	N/A	_, if other than the
date this document was signed.	·	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will 'State's records.	not be listed as the
Adoption of Amendment(s) (Cl	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.	
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by	ting group)	
(vo.	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated 06 05 201	r cee	
Signature	· · · · · · · · · · · · · · · · · · ·	_
	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary		
71	IIAGO CASSUNDE CORTELETÍ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	