P12000033874

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	(Business Entity Name)			
(Document Number)				
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12/01/15--01017--003 **35.00



Amend

DEC 3 - 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ΓΙΟΝ: Α & A WINDOOR	S AND SIDING INC			
DOCUMENT NUMBER					
	Amendment and fee are sub	omitted for filing.			
Please return all correspo	ndence concerning this mat	ter to the following:			
EI	OGAR ARMANDO ARCI	LA			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1		
Y.	XACTO TAX SERVICES LLC				
	ACTO TAX SERVICES E				
81	0 SW GLENVIEW COUR	Firm/ Company T			
	Address				
PC	PORT ST. LUCIE, FLORIDA 34953				
		City/ State and Zip Code			
xactotax	@gmail.com				
		ed for future annual report	notification)		
For further information co	oncerning this matter, pleas		834-1190		
Name of Contact Person		at (at () 834-1190 de & Daytime Telephone Number		
Name of C	Lontact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for th	e following amount made p	ayable to the Florida Depa	rtment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 issee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

A & A WINDOORS AND SIDING INC (Name of Corporation as currently filed with the Florida Dept. of State) P12000033874 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: ____ , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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.

Example: XChange	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) X Change	P	CIPRIANO A PINEDA	3671 SW Voyager Street		
Add			Port St. Lucie, FL 34953		
Remove			50%		
2) Change	VP	JONATHAN E. PINEDA	2395 NW 33rd Street		
x Add			Miami, FL 33142		
Remove			20%		
3) Change	S	BRYAN A. PINEDA	93 NW 17th Place Apt#A		
x Add	-		Miami, FL 33125		
Remove			10%		
4) Change	Т	SILVIA G. PINEDA	3671 SW Voyager Street		
x Add			Port St. Lucie, FL 34953		
Remove			20%		
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not appreciate, material mit)	
	<u> </u>

The date of each amendment(s) adoption:	, 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 wil document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(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.	
11/25/15	
Signature	
(By 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)	
CIPRIANO A. PINEDA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	