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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WINDOW	S AND DOORS BY J.Y. CORP				
DOCUMENT NUMBER: P140000400	52				
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
JAVIER FLORE	S				
	Name of Contact Person				
WINDOWS AND	DOORS BY J.Y. CORP				
	Firm/ Company				
12151 SW 202 ST 2117					
	Address				
MIAMI, FL 3317	7				
	City/ State and Zip Code				
JABIELFLORES@H	HOTMAIL.COM				
	used for future annual report notification)				
For further information concerning this matter, ple	ease call:				
JAVIER FLORES	_{at (} 786 ₎ 3993248				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount mad	e payable 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

WINDOWS AND DOORS BY J	Y. CORP			
(Name of Corporation as currently	filed with the Florida I	Dept. of State)		
P14000040052		<u> </u>		
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida</i>	Profit Corporation adop	pts the following	; amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
name must be distinguishable and contain the wo "Corp" "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association," or the	p," "Inc," or "Co". A			
B. Enter new principal office address, if applicable	<u></u>		<u> </u>	1 (4.44.4)
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)			FORES
			j=-311	P
			Services	2: (
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u></u>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		lorida, enter the name	of the	
Name of New Registered Agent		<u> </u>		
	(Florida street addre	ess)		
New Registered Office Address:	(City)	, Florida		
	(Cily)		(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		accept the obligations of	of the position.	

Page 1 of 4

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: X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SEC	ARSENIO GONZALEZ	1124 E MOWRY DR #102
Add		AGUILA	HOMESTEAD, FL 33030
Remove			
2) Change			
Add			
Remove			
3) Change	***		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>-</u>		
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)			
			<u></u>	<u></u>
				<u> </u>
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				-
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				·
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an amendment provides for an excl	hanga roolassifian	tion or opposite	tion of issued a	10 400
provisions for implementing the ame	ndment if not cor	itained in the an	iendment itself:	iares,
(if not applicable, indicate N/A)				
				_
			· ••••	

The date of each amendment(s) adoption: 11/03/2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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	
by JAVIER FLORES AND YOANDRIS GONZALEZ	
(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_11/03/2014	
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)	
JAVIER FLORES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	