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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ALL WINDOW &	GLASS INSTALLATION	N INC
DOCUMENT NUMBE	R:		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
L	AZARO N MOREJON		
-		Name of Contact Persor	1
A	LL WINDOW & GLASS I	NSTALLATION INC	
_		Firm/ Company	
6.	31 EAST 53 STREET	, .	
		Address	
Н	IALEAH, FL 33013		
_	, 112 ,	City/ State and Zip Code	2
NOREL	.VIS1217@GMAIL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
		·	
For further information c	oncerning this matter, pleas	e call:	
LAZARO N MOREJON	1	at (837-1113
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p		
☐ \$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)
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 Articles of Incorporation of

FILED

n 15 04

ALL WINDOW & GLASS INSTALLATION INC	•	2015 AUG 21 PH 4: 04
(Name of Corporation as curren	tly filed with the Florida De	
P15000055089		TAT SANASSED
(Document Number	of Corporation (if known)	39
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
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	N/A dress in Florida, enter the na	ume of the
new registered agent and/or the new registered office addre		me of the
Name of New Registered Agent N/A		
(Florida s	treet address)	
New Registered Office Address: N/A		, Florida
nen negisierea Office nauress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		ns of the position.
	Paristared 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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	JUAN MIGUEL SILES	760 WEST 35 STREET
X Add				HIALEAH, FL 33012
Remove				
2) Change	D		JULIO MORFFI	155 WEST 31 STREET
X Add				HIALEAH, FL 33012
Remove				
3) Change		_		
Add				
Remove				-
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			_	
Remove				-

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
/A
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

	08/19/2015	
The date of each amendment(s) date this document was signed.	adoption:	, if other than ti
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and share	eholder
08/19/201	5	
Dated		
Signature X		
(By a select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	LAZARO N MOREJON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	