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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DC WINDOWS	& DOORS INC	
DOCUMENT NUM	P15000097529		
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	EDGAR ARMANDO ARC	CILA	
		Name of Contact Perso	n
	XACTO TAX SERVICES	LLC	
	-	Firm/ Company	-
	810 SW GLENVIEW COU	· -	
		Address	
	PORT ST. LUCIE. FLORIE	DA 34953	
		City/ State and Zip Cod	c
xacto	ntax@gmial.com		
		sed for future annual report	notitication)
	,	•	,
For further informatic	on concerning this matter, pleas	se call:	
EDGAR ARMAND	O ARCILA	772 at (834-1190
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of FILED DC WINDOWS & DOORS INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000097529 2019 486 21 P 图 57 (Document Number of Corporation (if known) SECRETARY OF STATE.
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopte the Hobbit and Hobbits an 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: (City)

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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:

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	dly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	ANDREW ARNOLD	212 U.S. HIGHWAY I
XAdd			Lake Park, FL 33403
Remove			10% Shares
2) Change			
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional el	ing additional Artic teets, if necessary).	(Re specifie)	erry mere.		
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f an amondment n	rovides for an excha	nga vaalavaifia.	stien on assessible		
nrovisions for imp	lementing the amend	dmant if not cou	ttion, or cancena	MON OF ISSUED SIL	ares,
(if not applicat	le, indicate N/A)	Jinene ii iide coi	Mained in the an	endment usen.	
(7)	, , , , , , , , , , , , , , , , , , , ,				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(n	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Stat	neet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHEC	<u>(CONE</u>)
■ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appro	cholders. The number of votes east for the amendment(s) aval.
☐ The amendment(s) was/were approved by the shamust he separately provided for each voting gro	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes east for the amendme	nt(s) was/were sufficient for approval
by	
(voting s	group)
☐ The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the inco action was not required.	rporators without shareholder action and shareholder
august 15th, 2019 Dated	
Signature /	
(Bykt director, president selected, by an incorpor appointed fiduciary by t	or other officer – if directors or officers have not been after – if in the hands of a receiver, trustee, or other court hat fiduciary)
PEDRO CRIST	OBAL DELEON
(Тур	ed or printed name of person signing)
PRESIDENT	
	(Title of person signing)