# P16000057025

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711 S. PRATHELY

## **COVER LETTER**

TO: Amendment Sec Division of Cor			
NAME OF CORPO	ORATION: Waje	Stic Imp 10057029	paet Windows and Dooe
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Picase return all corr	espondence concerning this may	tter to the following:	
	. Ua	ilu Jara	0 1A
	Wajesto I	Name of Contact Person	Yours and Doves Inc
lew	154 Ho	a leah D	rive.
dress	Hafe	Address Address FL City/ State and Zip Cod	33010
	Majestic im	PCCT Q Q	mail.com
- War?	on concerning this matter, pleas  Larga  of Contact Person	at (305	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	ertment 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)
	ailing Address		Address Iment Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to
Articles of Incorporation

Minche Tomoger 120	Lowe and Done The					
(Name of Corporation as current	tly filed with the Florida Dept. of State)					
P 160000 57025	5. 59					
(Document Number	of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s					
A. If amending name, enter the new name of the corporation:	A FITTHER THE					
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Unit # 102 Leg ( ) & 4					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	154 Halean Drik Halean FL, 33010					
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	NA					
(Florida si	treet address)					
New Registered Office Address:	(City) , Florida (Zip Code)					
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						
Signature of them negistered 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	<u>Title</u>	Polanco, RAMONV	Address  6250 W 64 Ave  Healeah FL  32012
2) Change Add			
Remove 3 ) Change Add		<del></del>	
Remove 4) Change Add		<u> </u>	
Remove  5) Change  Add  Remove		<del></del>	
6) Change Add Remove			

	<u></u>
	<del></del>
ndment provides for an exchange, reclassification, or cancellation of issued shares, us for implementing the amendment if not contained in the amendment itself:	
ot applicable, indicate N/A)	
/ / / /	

The date of each amendment(s) adoption:	, if other than th
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 w document's effective date on the Department of State's records.	ill not be listed as th
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"	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
(Fig. 2) The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
1/2/19	
Dated	
Signature Walter Sartell	
(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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	
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Change address to: 154 Halah Drive Haleah FL, 33010

Department of State / Division of Corporations / Search Records / Detail By Document Number /

# **Detail by Officer/Registered Agent Name**

Florida Profit Corporation

MAJESTIC IMPACT WINDOWS AND DOORS INC

Filing Information

**Document Number** 

P16000057025

FEI/EIN Number

81-3044833

**Date Filed** 

07/05/2016

**Effective Date** 

07/01/2016

State

FL

Status

**ACTIVE** 

Principal Address

3428 W 84 St

Unit #102

HIALEAH, FL 33018

Changed: 04/28/2017

Mailing Address

3428 W 84 St

Unit #102

HIALEAH, FL 33018

Changed: 04/28/2017

Registered Agent Name & Address

GARCIA, MARILU

6250 WEST 6TH AVE

HIALEAH, FL 33012

Officer/Director Detail

Name & Address

Title P

GARCIA, MARILU 6250 WEST 6TH AVE HIALEAH, FL 33012

Title Vice-President

Polanco, Ramon V ROSA Wast Ath Ava Lamove

1/2/2019

Hialeah, FL 33012 Remode

### **Annual Reports**

Report Year

**Filed Date** 

2017

04/28/2017

2018

04/05/2018

#### **Document Images**

04/05/2018 -- ANNUAL REPORT

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04/28/2017 -- ANNUAL REPORT

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07/05/2016 - Domestic Profit

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