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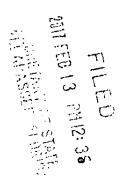
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| Special Instructions to                | Filing Officer:    |             |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| NAME OF CORPORATION: Sigma Windows and Doors Inc.  DOCUMENT NUMBER: P160000 96828  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  RAMON VICENTE POLANCO Leyva.  Name of Contact Person  Name of Contact Person  Firm/ Company  Th ST  Haleah FL 33010  City/ State and Zip Code  Vicente Vanon polanco @ 9 cloud. Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  PAMON V. Polanco at (786) 414-6312  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$\Bar{43.75}\$ Filing Fee & \$\Bar{43.75}\$ Filing Fee & \$\Certificate of Status Certificate of Status |
| (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)  Mailing Address  |

## 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 ently filed with the Florida Dept. of State) (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: The new 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 addres Florida New Registered Office Address: (City) (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.

ppointment as registered agent. I am jumital with any accept the bougations 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 <math>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 Doe                       |                                     |
|---------------------------------------|-----------|--------------------------------|-------------------------------------|
| X Remove                              | <u>v</u>  | Mike Jones                     |                                     |
| X Add                                 | <u>sv</u> | Sally Smith                    |                                     |
| Type of Action (Check One)  1) Change | Title     | Ramon Vicente<br>Polanco Leyva | Address 6250 W 6AU Haleah FL, 33012 |
| 2) Change Add Remove 3 ) Change       |           |                                |                                     |
| Add Remove  4) Change Add Remove      |           |                                |                                     |
| 5) Change Add Remove                  |           |                                |                                     |
| 6) Change Add Remove                  |           |                                |                                     |

| . If amending or ad<br>(Attach additional s | ling additional Art<br>neets, if necessary).                   | icles, enter change(s<br>(Be specific) | s) here:                                  |                                   |  |
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| provisions for im                           | rovides for an exc<br>elementing the ame<br>ble, indicate N/A) | hange, reclassification                | on, or cancellation<br>ained in the amend | of issued shares,<br>ment itself: |  |
|   |  |  |   |                                   |  |
| ****  |  |  | ***                                       |                                   |  |

| The date of each amendment(s) add  | ption:  |  |                              | , if other than the |
|--|---|--|------------------------------|---------------------|
| date this document was signed.   |   | / /  | / A                          |                     |
| Effective date if applicable:  | (no more  | than 90 days after a                             | / / /<br>mendment file date) |                     |
| Note: If the date inserted in this bloodcument's effective date on the Dep | ock does not meet the                           | e applicable statutor                            |                              |                     |
| Adoption of Amendment(s)   | (CHECK ONE                                      |  |                              |                     |
| Adoption of Amendment(s)   | (CHECK ONE                                      | <u> </u>   |                              |                     |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suff      |   | rs. The number of ve                             | otes cast for the ame        | ndment(s)           |
| ☐ The amendment(s) was/were appromust be separately provided for e         |   |  |                              |                     |
| "The number of votes cast for  | or the amendment(s) w                           | vas/were sufficient fo                           | or approval                  |                     |
| by   | (voting group)                                  | <del>/                                    </del> |                              |                     |
| ☐ The amendment(s) was/were adoptaction was not required.                  | ted by the board of di                          | rectors without share                            | eholder action and sh        | archolder           |
| The amendment(s) was/were adoptaction was not required.                    | ted by the incorporate                          | ors without sharehold                            | der action and shareh        | older               |
| Dated 2-C  | 9-17  | <u> </u>   |                              |                     |
| Signature (  | Hodrigues .                                     |  |                              |                     |
|  | ector, president or oth<br>by an incorporator – |  |                              |                     |
|  | d fiduciary by that fid                         |  | cocivoi, irasico, or o       | indi vouit          |
| _  | Rudy  | ROST/Oprinted name of person                     | quez                         |                     |
|  | (Typed or p                                     | printed name of perso                            | n signing)                   |                     |
| _  | PRe:  | 59 den T   |                              |                     |
|  |   | (Title of person sign                            | ning)                        |                     |