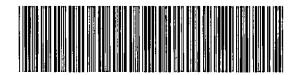
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: T&P SCREEN RE	PAIR CORP	
	BER: P17000025426		
	cof Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LUIS A TRUNDLE ALVAR	ENGA	
		Name of Contact Persor	1
	T&P SCREEN REPAIR CO		
		Firm/ Company	
	11348 SW 13TH PL	rirm/ Compan <u>v</u>	
		Address	
	DAVIE FL 33325		
		City/ State and Zip Cod-	e
NAF	A185@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, pleas		702 3313
ADELAIDA TRUNI —————		at () 702-3343 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep:	irtment of State:
S35 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, F1, 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

2017 OCT 23 PH 4: 57

T&P SCREEN REPAIR CORP		במון וארץ	23 PA 4: 57
(Name of Corpor P17000025426	ation as currently filed with the Florida Dept	1, 1	: 3.1 L2 (10)
	cument Number of Corporation (if known)	3	
Pursuant to the provisions of section 607.1006. Flo its Articles of Incorporation:	·	lopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A professional corpora		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	BOX)		
D. If amending the registered agent and/or regi- new registered agent and/or the new register		ne of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		s of the posi	tion,
	· · · · · ·	•	
	ionature of New Registered Agent it 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: <u>X</u> Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	ADELAIDA TRUNDLE	3600 NW HOTH LN UNIT A	
Add			CORAL SPRING, FL 33065	
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for the shareholders was/were sufficient for the shareholders.	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval
by	
· ·	voting group)
☐ The amendment(s) was/were adopted by taction was not required.	he board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder
10/10/2017 Dated	
Signature	
(By a director, p selected, by an i	resident or other officer – if directors or officers have not been acorporator – if thathe hands of a receiver, trustee, or other court ary by that fiduciary)
ADELA	IDA TRUNDLE
	(Typed or printed name of person signing)
VP	
	(Title of person signing)