08/03/2018 15:43

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000226454 3)))



H180002284543ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone

: (305)552-5973

Fax Number

: (385)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |
|-------|----------|--|--|--|
|       |          |  |  |  |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ERA WINDOWS & DOORS, CORP

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment

|   | Articles of Incorporation                                 |  |
|---|---|--|
|   | of  | ₹  |
| ERA WINDOWS & DOORS, CORP   |   | C  |
| (Name of Corpor   | ration as encrenely filed with the                        | Florida Dent. of State)  |
| P17000089077  |   |  |
| (Do   | cument Number of Corporation (if                          | known)   |
| Pursuant to the provisions of section 607.1006, Flo<br>its Articles of Incorporation:   |   |  |
| A. If amending name, enter the new name of the  | <u>ecorporation:</u>                                      |  |
| name must be distinguishable and and it   |   |  |
| name must be distinguishable and contain the v<br>"Corp.," "Inc." or Co.," or the designation "Co<br>word "chartered," "professional association," or t |   | or "incorporated" or the abbraviation onal corporation name must contain the |
| B. Enter new principal office address, if applica   | ible:   |  |
| Principal office address MUST BE A STREET A   | DORESS)   |  |
|   |   |  |
|   |   | •  |
| Enterney mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE)  | BOX)  |  |
| -   |   |  |
|   |   |  |
|   | _   |  |
| 7. If amonding the product of the second  |   |  |
| <ol> <li>If amending the registered agent and/or registered agent and/or the new register.</li> </ol>   | Mared Office address in Florida, er<br>ad Office address: | iter the name of the   |
|   | _   |  |
| Name of New Registered Agent  |   | <u>_</u> `   |
|   |   | •  |
|   | (Florida street address)                                  |  |
| New Registered Office Address:  |   | , Florida  |
|   | (City)  | (Ztp Code)   |
|   |   | •  |
|   |   |  |
| ew Registered Agent's Signature, If changing R  | oghtered Agent:   |  |
| hereby accept the appointment as registered agent   | I am familiar with and accept the                         | obligations of the position.   |
|   |   |  |
|   |   |  |
|   | gnature of New Registered Agent, if                       | Calcustus  |
| SIĘ   | Rumme of them vediziesen väest! A                         | cnanging   |

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                      | PT         | John Doe              |                  |
|-------------------------------|------------|-----------------------|------------------|
| X Remove                      | Y          | Mike Jones            |                  |
| X Add                         | <u>\$Y</u> | Sally Smith           |                  |
| Type of Action<br>(Check One) | Title      | Name                  | Address          |
| 1) Change                     | T2         | ARELIS ALVAREZ-AQUINO | 12777 SW 54TH CT |
| X Add                         |            | <del></del>           | MIRAMAR,FL 33027 |
| Remove                        |            |                       |                  |
| 2) Change                     |            |                       | _                |
| Add                           |            |                       |                  |
| Remove                        |            | 1                     |                  |
| 3) Change                     |            |                       |                  |
| Add                           | :          |                       |                  |
| Remove                        |            |                       |                  |
| 4)Change                      | -          |                       | <u> </u>         |
| Add                           |            | N.                    | <u>·</u>         |
| Remove                        |            |                       |                  |
| 5)Change                      |            |                       |                  |
| Add                           |            |                       |                  |
| Remove                        |            |                       |                  |
| 6) Change                     |            |                       |                  |
| Add                           |            |                       |                  |
| Remove                        |            |                       |                  |

|               | ne or adding additional<br>ditional sheets, if necessa | vy). (Be specific)      | -1 <u>41 / 1.47</u> .  |                  |  |
|---------------|--|-------------------------|------------------------|------------------|--|
|               |  | •                       |                        |                  |  |
|               |  | <del></del>             |                        |                  |  |
|               |  |                         |                        |                  |  |
|               |  |                         |                        |                  |  |
|               |  |                         |                        |                  |  |
|               |  |                         |                        | •                | ·                                      |
|               |  |                         |                        |                  | _                                      |
|               | <del></del>  | <u> </u>                |                        |                  |  |
|               |  |                         |                        | •                |  |
|               | _  |                         |                        |                  |  |
| _             |  |                         |                        |                  |  |
| ·             |  |                         | ,                      |                  |  |
|               |  |                         |                        |                  | <del></del>                            |
| <del></del> - |  |                         |                        |                  |  |
|               |  |                         |                        |                  |  |
|               | <del>-</del>   |                         |                        |                  |  |
|               | <del></del>  |                         |                        |                  |  |
|               |  |                         |                        |                  |  |
|               |  |                         |                        |                  |  |
|               |  | ·                       | <u></u>                |                  |  |
|               |  |                         |                        |                  |  |
|               |  | <del></del>             | <del></del>            | <del></del>      |  |
|               |  |                         |                        |                  |  |
|               |  |                         |                        |                  |  |
|               |  |                         |                        |                  |  |
| an amene      | iment provides for an ex                               | xchange, reclassificati | lon, or cancellation o | f issued shares, |  |
| mykione       | for implementing the an applicable, indicate N/A)      |                         | ained in the amends    | ent itself:      |  |
|               | SUPPLIES WALLETTE IN A P                               | •                       |                        |                  |  |
|               | appiraule, unache MA)                                  |                         |                        |                  |  |
|               | ——————————————————————————————————————                 |                         |                        |                  | ······································ |
|               | approune. Videne N/A)                                  |                         |                        |                  | <del></del>                            |
|               | apprenie, tracue N/A)                                  |                         |                        |                  |  |
|               | apprenie, tracue N/A)                                  |                         |                        |                  |  |
|               | apprenie, tracue N/A)                                  |                         |                        |                  |  |
|               | apprenoie, traccite N/A)                               |                         |                        |                  |  |
|               | apprenie, traicue N/A)                                 |                         |                        |                  |  |
|               | apprenie, tracue N/A)                                  |                         |                        |                  |  |
|               | apprenie, tracue N/A)                                  |                         |                        |                  |  |
|               | apprenie, tracue N/A)                                  |                         |                        |                  |  |

| The date of each amendment(s) adoption: date this document was signed.   | if other than 1         |
|--|-------------------------|
| Effective date if anulicable:  |                         |
| (no more than 90 days after ameriament file date)  |                         |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.  | rill not be listed as t |
| 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 superately provided for each voting group entitled to vote separately on the amendment(s):                                 | •                       |
| "The number of votes east for the amendment(s) was/were sufficient for approval  |                         |
| <b>L</b> .   |                         |
| (voing group)  |                         |
| The amendment(s) was/were adopted by the board of directors without thereholder action and shareholder action was not required.  The amendment(s) was/were adopted by the board of directors without thereholder action and shareholder. |                         |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                         |
| Dated  |                         |
| Stenature Alleranos  |                         |
| (By a director, president or other officer - if directors or officers have not been selected, by an incorrector of it is the   | <del>-</del>            |
| selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                         |
| AREUS Alvarez Houino   |                         |
| (Typed or printed name of person signing)  |                         |
| - President  |                         |
| (Title of person signing)  |                         |