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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CAP WINDOWS & DOORS, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOAN CARBALLO LOPEZ Name of Contact Person CAP WINDOWS & DOORS, INC. Firm/ Company 7565 SW 152ND AVE # 202 Address MIAMI FL 33193 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YOAN CARBALLO LOPEZ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

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 to Articles of Incorporation of

CAP WINDOWS & DOORS, INC.				
(Name of Corporation	as currently filed with t	he Florida Dept. of State)		
P17000091975				
(Documen	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit	t Corporation adopts the follow	ving amendm	ent(s) to
A. If amending name, enter the new name of the corp.	oration:			
			The nev	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the abi	"Inc," ar "Co". A profe		ahbreviation	n
B. Enter new principal office address, if applicable:			3	:1
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)			구
			5+ 2-1 	-
			102 1 01 1	<u>-</u> -
C. Enter new mailing address, if applicable:				26 E
(Mailing address MAY BE A POST OFFICE BOX)				5
			<u> </u>	
			100	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		i, enter the name of the		
Name of New Registered Agent				
	(Florida street address)			
	ir (oriaa sireei aaaress)			
New Registered Office Address:	(Cin)	Florida	p Code)	
	(1 <u>1.</u>)	(24)	Concy	
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered agent. I an	n familiar with and accept	t the abligations of the position		
Signatur	re of New Registered Agen	ni, 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 hold. 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>	John Doe	
X Remove	$\underline{\mathbf{y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	S	RAFAEL ZULUETA	12841 SW 47TH TERR
X Add			MIAMI FL 33175
Remove			
2) Change	<u>7</u>	CARLOS A CORTES	20422 SW 122 CT
XAdd			MIAMI FL 33177
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)		
	· · · · · · · · · · · · · · · · · · ·		
			-
			_
		allation of icensed charas	
f an amendment provides for an exch provisions for implementing the amer	dment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)			
-			
			,, -, -, -

•	11/15/2017	if other than the
The date of each amendment(s) acd date this document was signed.	option:	
Effective date if applicable:	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for θ flicient for approval.	he amendment(s)
The amendment(s) was/were appeared by provided for	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	ollowing statement endment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	opted by the hoard of directors without shareholder action	n and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and	d shareholder
11/28/201 Dated	7	
select	firector, president or other officer — If difectors of officered, by an incorporator — if in the hands of a receiver, trust attend fiduciary by that fiduciary)	rs have not been tee, or other court
	YOAN CARBALLO LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	