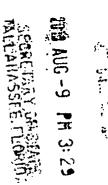
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Office Use Only



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COVER LETTER

		COVERTEITER			
TO: Amendment Section Division of Corpo			_ 4	No. 9 3. C.	
NAME OF CODDOD	ATION: BARBARO IMPA	CT WINDOWS & DOORS	S CORP		
			<u></u>		
DOCUMENT NUMB	ER: P17000094459			ب	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:		0,000	
1	BARBARO JIMENEZ LAO				
-		Name of Contact Person	1		
1	BARBARO IMPACT WIND	OWS & DOORS CORP			
-		Firm/ Company			
:	25560 SW 137TH AVE APT 101				
		Address			
1	HOMESTEAD, FL 33032				
-		City/ State and Zip Code			
ADRI.	ANA@MUSASACCOUNTI	NGSERVICES.COM			
	~	sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
BARBARO JIMENEZ LAO		at (⁷⁸⁶	548-9814	<u></u>	
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ritment 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, 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

BARBARO IMPACT WINDOWS & DOORS CORP

(Name of Corporation	on as currently filed v	<u>vith the Florida D</u>	ept. of State)	700
217000094459				Sec.
(Docum	ient Number of Corpor	ration (if known)		- A.
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Floridu</i>	Profit Corporation	adopts the follow	ring amendme
A. If amending name, enter the new name of the co	orperation:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc," or "Co". A	mpany," or "inco Eprofessional corp	rporated" or the poration name mu	abbreviation st contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>\X</u>)			
				<u></u>
O. If amending the registered agent and/or register new registered agent and/or the new registered		<u> Torida, enter the r</u>	name of the	
. Name of New Registered Agent		·		
	-			
	(Florida street addr	evs)		
New Registered Office Address:	_		, Florida	
	(City)		(Z	ip Codes
New Registered Agent's Signature, if changing Reg	rictored Agents			
hereby accept the appointment as registered agent.		l accept the obligat	ions of the positio	n,
		and towns of the constitutions		
Sign	ature of New Register	га ядеті, іј спапдіг	ıg	

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:	s, ana sai	ty sman, 5+ as an Maa.	
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANDY JOEL JIMENEZ	25430 SW 137TH AVE APT 203
X Add			HOMESTEAD, FL 33032
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 01			
6) Change			<u></u>
Add			
Remove			

Attach <i>additio</i>	nal sheets, if nec	onal Articles, en cessary). (Be s _l	pecific)			
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<u>f an amendm</u> provisions fo	<u>ent provides to</u>	r an exchange, t the amendmen	<u>reclassification,</u> it if not contains	or cancellation od in the amendi	of issued shares,	
(if not ap	pplicable, indicat	te N/A)	CH HOC CONTAIN			
						
		_				
		<u></u>				
						 _

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this bl document's effective date on the Dep	artment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	1
	oved by the shareholders through voting groups. The following statementach voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	nted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
07/31/2019 Dated		
(Hy a di	ector, president or other officer - if directors or officers have not been	
	, by un incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	BARBARO JIMENEZ LAO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	