## 718000069379

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: F & W WINDOWS	S AND DOORS INC.			
DOCUMENT NUMB	(C) (C) (C)	069379			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
,	TREVOR FUNK				
	Name of Contact Person				
i	& W WINDOWS AND DO				
_		Firm/ Company	***************************************		
1	17010 PAULA LN				
Address					
I	LUTZ, FL 33558				
-	5.500	City/ State and Zip Cod	е		
AFUN	KFMHA@MSN.COM			َ د <u>د</u>	
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	<u> </u>	
For further information	concerning this matter, pleas	e call:		14 (CO) 21 38(0): 18	
TREVOR FUNK		at (	712-0042	<b>5</b>	
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made [	payable to the Florida Depa	artment 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)		
Matt	na Addrace	Ctmant	Addrage		

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



December 12, 2018

TREVOR FUNK F & W WINDOWS AND DOORS, INC 17010 PAULA LN LUTZ, FL 33558

SUBJECT: F & W WINDOWS AND DOORS, INC.

Ref. Number: P18000069379

We have received your document for F & W WINDOWS AND DOORS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 918A00025522

## Articles of Amendment to Articles of Incorporation of

F & W WINDOWS AND DOORS INC

The new table and contain the word "corporation," "company," or "incorporated" or the abbreviation or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the sional association, "or the abbreviation "P.A."  N/A    Must be a street address, if applicable:   N/A	(Name	of Corporation as current	y filed with the Florida Dept. of State	<u>e</u> )
of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s n:  ter the new name of the corporation:	P18000069379			
ter the new name of the corporation:  The new nable and contain the word "corporation," "company," or "incorporated" or the abbreviation or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the ssional association," or the abbreviation "P.A."  N/A  MUST BE A STREET ADDRESS  N/A  Address, if applicable:  N/A  N/A  N/A  Address, if applicable:  N/A  The new name of the abbreviation  N/A		(Document Number o	f Corporation (if known)	
The new mable and contain the word "corporation," "company," or "incorporated" or the abbreviation or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the sistenal association, "or the abbreviation "P.A."  N/A  MUST BE A STREET ADDRESS  N/A  N/A  N/A  N/A  Iddress, if applicable:  N/A  N/A  Iddress, if applicable:  N/A  N/A  Iddress, if applicable:  N/A  N/A  Iddress address in Florida, enter the name of the and/or the new registered office address:  N/A	Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(s
able and contain the word "corporation," "company," or "incorporated" or the abbreviation or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the ssional association," or the abbreviation "P.A."  N/A  MUST BE A STREET ADDRESS  N/A  Adress, if applicable:  N/A  N/A  N/A  N/A  Adress, if applicable:  N/A  N/A  N/A  N/A  N/A	A. If amending name, enter the new n	ame of the corporation:		
or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the ssional association, "or the abbreviation "P.A."    Mice address, if applicable:   N/A	N/A			The new
MUST BE A STREET ADDRESS )  Iddress, if applicable:  WEAPOST OFFICE BOX  Itered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address:  N/A	"Corp.," "Inc.," or Co.," or the design	nation "Corp." "Inc." or	Co". A professional corporation nan	
MUST BE A STREET ADDRESS )  Idress, if applicable:  N/A  N/A  N/A  The results of the street and/or registered office address in Florida, enter the name of the and/or the new registered office address:  N/A				
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tered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address:				
tered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address:				<del></del>
tered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address:	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
tered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address:			1776	
tered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address:				<u> </u>
tered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address:				
and/or the new registered office address:	D. If a mandian the negletoned equation	ndlan nagistanad affica add	-use in Florida, enter the name of the	• • •
N/A				:0;;*
	Name of New Revistered Agent	N/A		ja T
	trante of their registrica ration			<del></del>
(Florida street address)		(Florida st	reet address)	<del></del>
Office Address: N/A	New Parietoral (Mica Addrage	N/A	Florida	
THE AUGUSS.	New Negistered Office Address.		(City)	(Zip Code)
N/A		w registered office address  N/A  (Florida str	reet address), Florida	
			(City)	(Zip Code)
				position
(City) (Zip Code) Signature, if changing Registered Agent:	i nereny accept the appointment as regis	ierea ageni. Tam Jamiliar	<i>wun ana ассері ine обиданоп</i> ѕ ој те р	омнон.
(City) (Zip Code)				
(City) (Zip Code) Signature, if changing Registered Agent:				
(City) (Zip Code) Signature, if changing Registered Agent:		Signature of New I	Registered Agent, if changing	<del></del>

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	SECRE	en —	Ronnie DeShawn Watts	10914 N 29th St.
X Add				Tampa, F1 33612
Remove				
2) Change		_	<del></del>	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
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5) Change		_		
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(Attach additional sheets, if nece	ssary). (Be specific)		
N/A	·		
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F. If an amendment provides for provisions for implementing	an exchange, reclassification, or ca he amendment if not contained in t	ncellation of issued shares, the amendment itself:	
(if not applicable, indicate			
OFFICERS AND OWNERSHIP	PERCENTAGES:		
TREVOR THOMAS FUNK	90%		
RONNIE DESHAWN WATTS	10%		
	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	<u></u>	
			<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del>-</del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with document's effective date on the Department of State's records.	Il not be listed as the
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 separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DECEMBER 4, 2018	
Dated	
Signature	
(By a director, president or other officer if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	<u> </u>
appointed fiduciary by that fiduciary)	
TREVOR T. FUNK	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	