(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	

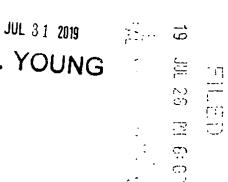
Office Use Only



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S. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CENTURO WINDOWS AND DOORS INC
DOCUMENT NUMBER: PI 8000077401
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raudis Centeno Pardo Name of Contact Person
Centeno Windows And Doors Inc
Firm/Company  8340 TAFT ST
Pembroke Pines F1 33024
City/ State and Zip Code  Racen Pardo @ Jahbo. eS  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raudis Centero au 786, 439-7073
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

## Articles of Amendment to

## Articles of Incorporation

of

Centeno Windows A	nd Doo	rs Inc				
(Name of Corporation:	as currently fil	ed with the Florida L	Dept. of Stat	<u>(e</u> )		
Y IA UUUUU I F	401	rporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	atutes, this <i>Flor</i>	ida Profit Corporatio	n adopts the	following	g amend	ment(s) to
A. If amending name, enter the new name of the corpo	oration:					
					The n	ew.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "Co"	. A professional corp				
B. Enter new principal office address, if applicable:	_					_
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>:33</u> )				19	_
					س	77
	-			·	_ <del></del> _	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					57	[T]
making address MAT DENT OF THE HOLD	_					ز.٦ –
	_				<u> </u>	_
	_				<u>ر ر</u>	_
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		in Florida, enter the	name of the	<u>:</u>		
Name of New Registered Agent						
	(Florida street a	ddress)		·-·		
New Registered Office Address:			, Florida			_
	(City	•)		(Zip C	inde)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		and accept the obligat	ions of the p	osition.		
Signatur	re of New Regis	tered Agent, if changin	ng			

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: XChange	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	te Jones	
$\underline{X}$ Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change		Michael Oliva	8360 TAFT ST
X Add			Rembroke Pines F1 33
Remove			
2) Change			
Add			
Remove			
3 1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	rticles, enter change(s) here: . (Bu specific)
,	
_	
·	
- "	
	<del> </del>
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
(if not applicable, material WA)	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: 7   C    C  (no more than 90 days after amendment file date)	
i pormore man su days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will 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.	ı
☐ 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):	11
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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.	
Dated	
(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 appointed fiduciary by that fiduciary)	
appointed riductary by that inductary)	
(Typed or printed name of person signing)	
(Typed of printed name of person signing)	
rie sicherli	
(Title of person signing)	