# P19000012478

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORA	ATION: DE MOYA WIND	OOWS & DOORS SERVIC	ES INC
DOCUMENT NUMBE	CR: P19000012478		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	OLGA	M HERNANDEZ ACOST	A
<del></del>		Name of Contact Person	1
	DE MOYA WIN	DOWS & DOORS SERVI	CES INC
_		Firm/ Company	
	1185	60 SW 190th	
_		Address	
	MIA	MI, FL 33177	
_		City/ State and Zip Cod	e
	DONFE	RNANDOTRAVELMIAM	I@HOTMAIL COM
		sed for future annual report	
	concerning this matter, please	se call: at (305	764-7440
Name of	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	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

### Articles of Amendment to Articles of Incorporation

DE MOYA WINDOWS & DOORS SERVICES INC

(Name of Corpor	ration as currentl	v filed with the Florida I	Dept. of State)	
F	19000012478			
(Do	cument Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this a	Florida Profit Corporatio	n adopts the following an	nendment(s) to
A. If amending name, enter the new name of th	e corporation:			
N/A			The	e new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	nc." or "Co". A	I professional corporatio		
B. Enter new principal office address, if applica	able:	N/A	_	_
(Principal office address MUST BE A STREET A			1	<u> </u>
				是 万
				- ("pris"
C. Enter new mailing address, if applicable:	<b>DOM</b>	N/A		9 111
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )		mix	芸口
			<del></del>	<del></del>
			្រុំក្នុ	 
D. If amending the registered agent and/or regi	stered office addi	ress in Florida, enter the	name of the	
new registered agent and/or the new register			· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent JOSE A. DE MOY		E MOYA		
	11850 S.W. 19	90th ST		
	(Florida str	eet address)		
New Registered Office Address:	MIAMI		, Florida	
		(City)	(Zip Code,	,
New Registered Agent's Signature, if changing	Registered Agent:	:		
I hereby accept the appointment as registered ager			tions of the position.	
X Jan (	1 (1)	M/->		
	i <del>gn</del> ature of New Ri	egistered Agent, if changing	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 Doc 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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	JOSE A. DE MOYA	11850 S.W. 190th ST
XX Add	-		MIAMI, FL 33177
Remove			
2) Change	•		<u></u>
Add			20 20 20 20 20 20 20 20 20 20 20 20 20 2
Remove Change			
Add			ζη " · <b>[<sup>*</sup>]</b>
Remove			
4) Change			TE THE
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			
		Page 2 of 4	

#### E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

THE NUMBER OF SHARES FOR JOSE A. DE MOYA IS \$20.

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	change, reclassification, or cancellation of issued sha nendment if not contained in the amendment itself:		
			-
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	34.44		-
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			-
			-
			-
	Page 3 of 4		
The date of each amendment(s) adoption date this document was signed.	DECEMBER 2nd, 2019	, if other	r than the
Effective date if applicable:	DECEMBER 2nd, 2019		
Enterior date in applicable.	(no more than 90 days after amendment file dat	(e)	-

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.		
	roved by the shareholders through voting groups. The following statement 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)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder		
Dated DECEMB  Signature (By a disselected)	ER 2ND, 2019  ER 2ND, 2019  rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)  OLGA M. HERNANDEZ ACOSTA	2019 DEC - 9 PM 12: 48 SECRETARY DE STATE	
•	(Typed or printed name of person signing)		-
	PRESIDENT		
<del>-</del>	(Title of person signing)		_