P190000 19765

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SKY WINDOWS AND DOORS INSTALLATION CORP DOCUMENT NUMBER: P19000019765 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAFAEL BENAVIDES Name of Contact Person SKY WINDOWS AND DOORS INSTALLATIONS CORP. Firm/ Company 23288 SW 57TH AVE - APT 106 Address BOCA RATON, FL 33428 City/ State and Zip Code PIPOLINDO2009@LIVE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 455-6294

Area Code & Daytime Telephone Number RAFAEL BENAVIDES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Annual Control of the Control

CEV	WINDOWS	AND DOORS	INCTALL	ATIONS CORP.
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☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

9000019765 (Document Number of C		
(Document Number of C		
	Corporation (if known)	-
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the statu	orida Profit Corporation adopts the follow	ring amendment(s
If amending name, enter the new name of the corporation:		
		The new
ne must be distinguishable and contain the word "corporation," "cor ic.," or Co.," or the designation "Corp," "Inc," or "Co". A partered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbrevia professional corporation name must cont	tion "Corp.,"
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		
		76
		<u> </u>
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered office address	es in Florida, enter the name of the	· 8 39
new registered agent and/or the new registered office address:	in Fronta, cher the manie of the	<u> </u>
Name of New Registered Agent		
Nume of New Negatierea Agent		
(Florida stree	t suldruss)	
i torna sir ca	add they	
New Registered Office Address:	, Florida	p Code)
10	177	p chuc)

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)

Example:

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.

X Change	PT	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V	_	ORESTE HAIG NOVELLINO	11403 CITRA CIR APT 307
X Add				WINDERMERE, FL 34786
Remove				
2) Change		_		
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_	<u> </u>	
Add				
Remove				
6) Change		_		
Add				
Remove				

миасп <i>а</i>	dditional sheet.	additional Art	(Be specific)				
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<u>f an am</u>	<u>tendment prov</u>	ides for an excl	nange, reclassii	ication, or cand	ellation of issue	d shares.	
<u>provisi</u>	ons for impien not applicable,	indicate N/A)	nament ir not	contained in the	e amendment its	seit:	
19	по пропинати,						
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	10/02/2020	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
sate ans document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adoraction was not required.	sted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes east for the amendme ficient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
bv	."	
	(voting group)	
10/02/020		
10/02/2020 Dated	·	
Signature	DLZ	
(By a di	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other or diduciary by that fiduciary)	
	RAFAEL BENAVIDES	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	