Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000292687 3)))



H190002926873ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:		
		Division of Co	rporations
		Fax Number	: (850)617-6380
	From:		
		Account Name	: FASTKIT CORP
		Account Number	: 120100000009
r)		Phone	: (305)599-0839
$\ddot{\omega}$		Fax Number	: (305)592-9591
<u> </u>			•
	Enter t ann	he email addres ual report maili	s for this business entity to be used for future ngs. Enter only one email address please.
1006	^ Ema	il Address:	
حب	• .		

COR AMND/RESTATE/CORRECT OR O/D RESIGN

JAEZ DOORS AND WINDOWS CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Mund

OCT 0 2 2019

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

20/3-C-1 PH 12:119

Articles of Amendment to Articles of Incorporation of

(Name of Corporation		
	ns currently filed with the Flor	ids Dept. of State)
P19060041653		
(Documer	nt Number of Corporation (if know	wn)
Pursuant to the provisions of section 607,1006, Florida S is Articles of Incorporation:	Statutes, this Florida Profit Corpo	pration adopts the following amendment(s)
. If amending name, enter the new name of the corp	poration:	
_		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," or the designation "Corp.," or the above and "chartered." "professional association," or the above and "chartered."	"Inc." or "Co". A professional	"Incorporated" or the abbreviation
b. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enjer See address:	the name of the
Name of New Registered Agent		
•	**	
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)

Example:

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 Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y 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 Doe				
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>\$v</u>	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) Change	DIR	MIGOLLO BENAVIDES, HEN	RY 211 WEST 43RD ST			
X Add			HIALEAH, FL 33012			
Remove						
2) Change						
Add						
Remove			 			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add			 .			
Remove			 			

Attach additional	dding additional A sheets, if necessary). (Be specific)	reis) nere:		
	•···•·········				
				-	<u> </u>
					
		··			
					•
	<u>-</u>				
			<u>-</u>		
					
-					
					
		·			
					
f an amendmen	t provides for an e mplementing the a	<u>xchange, reclassifi</u>	cation, or trancell	<u>mendment liself</u>	ares,
(if not anal)	cable, indicate N/A	mendicient it not c	Data inter III dat a	ilicianical research	
()		'			
					
1					
					·
			-		
			·		
			 	<u> </u>	

	09/30/2019	25 11 11 -1
The date of each amendment(s) as date this document was signed.	loption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this opartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmen flicient for approval.	l(s)
muss be separately provided for	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	W	
	(voling group)	
☐ The amendment(s) was/were add action was not required.	pred by the board of directors without shareholder action and sharehol	dæ
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
09/30/2019 Dated		
(By a d	irector, president or other officer – if directors or officers have not bee d, by an incorporator – if in the hands of a receiver, trustee, or other co ted fiduciary by that fiduciary)	urt
	JOSE R AQUINO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	