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(((H19000306647 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN PRO GLASS WINDOWS & DOORS, CORP

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H190003066473

TO: Amendment Section ... Division of Corporations.

NAME OF CORPORATION: PRO GLASS WINDOWS & DOORS CORP.	
DOCUMENT NUMBER: P19000066134	
The enclosed Articles of Amendment and fee are submitted for filing.	4
Please return all correspondence concerning this matter to the following:	
IVON POMARES	褒
Name of Contact Person	— : ;
POMARES ACCOUNTING SOLUTIONS, LLC	. ;
Firm/ Company 1011 NW 27 CT	 .
Address MIAMI. FL 33125	` ``
City/ State and Zip Code IVISPOMARES@HOTMAIL.COM	 ,
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IVON POMARES 786 314-1371	
Name of Contact Person Area Code & Daytime Telephone Numl	
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\B\$\$ \$35 Filing Fee \$\B\$	er
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	
Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

H190003066473

PRO GLASS WINDOWS & DOORS CORP (Name of Corporation as currently filed with the Florida Dept, of State) P19000066134 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(8) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Example: X.Change	e, and Sally Sn			oe is listed as the V and S. The	the PST ese shou	and Mike Jone ald be noted as	s is listed as i Iohn Doe, PI	the V. The as a Cha	Chief Office ere is inge,
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X Add	SV Sali	ly Smith							
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o: Division of Corporations Page 6 of 7	2019-10-16 00:57.57 (GMT)	17862280049 From: Ivon Poma
		H190003066473
E. If amending or adding additional Artic	les, enter change(s) here	
(Attach additional sheets, if necessary).	(Be specific)	
F. If an amendment provides for an exchan	ge, reclassification, or cancellation of issued sh	
provisions for implementing the amenda (if not applicable, indicate N/A)	ment if not contained in the amendment itself:	nares.
(g not applicable, indicale N/A)		

Division of Corporations Page 7 of 7	2019-10-16	6 00:57:57 (GMT)	17862 [+] (40000)	280049 From: Ivon Pomares 3066473
The date of each amendment(s) as	loption:	: :		
date this document was signed.				, if other than the
Effective date if applicable:				
	(no more than	90 days after amendment	file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applipartment of State's records.	icable statutory filing req	uirements, this date v	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. Th	e number of votes cast fo	r the amendment(s)	
☐ The amendment(s) was/were appropriately provided for	roved by the shareholders threach voting group entitled to	ough voting groups. The vote separately on the ar	following statement nendment(s):	
	or the amendment(s) was/we			
by			**	
	(voting group).			
The amendment(s) was/were adopted action was not required.	oted by the board of directors	without shareholder actif	on and shareholder	
The amendment(s) was/were adoptaction was not required.	sted by the incorporators with	nout shareholder action ar	nd shareholder	
10/15/2019 Dated				
Signature	Peuf			
sciected,	ector, president or other offic by an incorporator – if in the d fiduciary by that fiduciary)	c hands of a receiver true	rs have not been tee, or other court	
	IERMES H. ANDINO RIOS			
	(Typed or printed r	name of person signing)		
<u>P</u>	RESIDENT			
	(Title o	il nerson signing)		

2019-10-16 00:57:57 (GMT)

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