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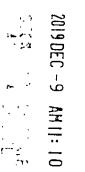
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Strike Goard Impact Windows & Doors, IN L
DOCUMENT NUMBER: P19 00074 004
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAINULY HERRERO Name of Contact Person
STRIKE GUARN EMPACT WINDOWS & DOORS, FINC
100 MARTEL DR Address
AROPKM, FL 37703 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: MATUL VINEL LERVERO at (766) 493 9770 Name of Contact Person Area Code & Daytime Telephone Number
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 \$43.75 Filing Fee \$ S43.75 Filing Fee \$ S52.50 Filing Fee \$ Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently	filed with the Florida Dent, of	State)
P19000074004		 ,
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Elorida Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the corporation:		71
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or to professional corporation name	The new he abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable: (Principal office uddress MUST BE A STREET ADDRESS)	NA	DEC T
(Principal office address <u>Stost BE A STREET ADDRESS</u>)		9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name o	<u>f the</u>
new registered agent and/or the new registered office address:		
Name of New Registered Agent ////		
New Registered Office Address:	·	orida ////////////////////////////////////
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of	the position.
Signature of New Re	gistered Agent, if changing	.

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.

Mike Jones, V as Remov Example:	e, and Sa	dly Smith	, SV as an Add	!		
X Change	PT	<u>John L</u>	<u>Doe</u>			
X Remove	<u>V</u>	Mike .	<u>Iones</u>			
X Add	<u>sv</u>	Sally S	Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address Lu7 (
1) Change		2	Dante	. B. Radrigue	2 8/17 NW KIST Pember	de Pres F
_\Add				·	33024	
Remove						
2) Change					<u> </u>	
Add						
Remove Change						<u>-</u> -
Add						<u> </u>
Remove						_
4) Change						_
Add						_
Remove						_
5) Change					<u> </u>	
Add						_
Remove						_
6) Change						_
Add						_
Remove						_
				Page 2 of 4		

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

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

NA

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•		
		
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· · · · · · · · · · · · · · · · · · ·		
provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:	<u> </u>
	· · ·	
	Page 3 of 4	
	10 20 10	
The date of each amendment(s) adoption:	12-06-19	, if other than th
The date of each amendment(s) adoption: _date this document was signed.		, if other than th
	12-06-19	, if other than th

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)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes east for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement ofting 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)
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
he amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated	$\frac{1}{9}$
Signature	
(By a director: selected, by ar	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court liciary by that fiduciary)
	MATURE HERRERO (Typed or printed name of person signing)
	(Typed or printed name of person signing)
P	· Presidon. of person signing)
(Title o	of person signing)