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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Lock Tight Cons	ruction Inc
DOCUMENT NUMBER: P0000002711	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Cheryf La	wner
Lock Tight	Name of Contact Person impact Windows & Doors Inc
15951 SW 4	Firm/ Company st St # 100
Davie, FL 33	Address 331
	City/ State and Zip Code
shevin@locktightimpact.c	pm
E-mail address:	to be used for future annual report notification)
For further information concerning this matter, plea	e call:
Cheryl Lawner	at (954) 686-6711 X 109
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 & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, F1, 32303

Articles of Amendment

Articles of Incorporation

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filed with the Florida Dept. of State)

(Document Numbe Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following amendment(s) 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

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:

SHEVIN GOODMAN Name of New Registered Agent 15951 S₩ 41ST ST. # 100 (Florida street address) DAVIE, Florida 33331 New Registered Office Address (City)

New Registered Agent's Signature, if changing/Registered Agent:

"chartered." "professional association," or the aboreviation "P.A."

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

w Registered 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 = ChiefExecutive 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. Example: X Change ΡŢ John Doe X Remove V Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) PT ALLEN YANCEY 1) ____ Change 15951 SW 41ST STREET # 100 DAVIE, FL 33331 ____ Add _ Remove PT SHEVIN GOODMAN 2) ____ Change 15951 SW 41ST STREET # 100 __ Add **DAVIE, FL 33331** 15951 SW 41ST STREET # 100 __ Remove BILLY SHAPIRO 3.) ____ Change DAVIE FL 33331 _ Add ____ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change __ Add __ Remove 6) ____ Change __ Add

____ Remove

. If amending or adding additio (Attach additional sheets, if nece	ACCATANA / ED 3	en anifi a :
The state of the s	war), (δυ)	pecific)
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f an amendment provides for a provisions for implementing th (if not applicable, indicate N		classification, or cancellation of issued shares, if not contained in the amendment itself:
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The date of each amendment(s) adoption:date this document was signed.		_, if other than the
Effective date if applicable:		
	to more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	reholders. The number of votes east for the amendment(s) roval.	
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr	archolders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes east for the amendr	pent(s) was/were sufficient for approval	
by(voting		
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ed of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the inequaction was not required.	rporators without shareholder action and shareholder	
Dated10/30/2021		
Signature		
(By a director, presiden	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court that fiduciary)	
····	GOODMAN	
(Typ	ed or printed name of person signing)	
Pion	hent	
(Title of person	signing)	