Paa 000091506

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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,_	,,	,
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filing Officer,	
		J. HORNE
		J. HORNE MAY - 3 2023

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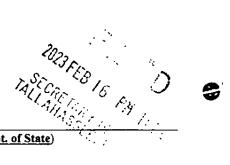
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JCLETTON WINDOWNS AND DOOR CORP.
DOCUMENT NUMBER: <u>P2200091506</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PRISCILUD BARBOZA Name of Contact Person VAUP INSURANCE & TRAFFIC SCHOOL THE. Firm/Company
1955 N. FEDERAL HWY Ste 217-A
POMPINIO BEACH, FL 33062 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 507-4607 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\ \text{\$\subseteq} \ \te
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



SCICITON WINDOWNS 1	and Dub	CORP.	1916 St. 19 11 11
		ith the Florida Dept. o	f State)
722000091506			
(Docume	ent Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida F	Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:		
name must be distinguishable and contain the word "cor" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company, or "Co". A profess.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>)	¥)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		orida, enter the name	of the
Name of New Registered Agent			
	(Florida street addres	s)	
New Registered Office Address:	(City)	, F	lorida(Zip Code)
. 6			
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	istered Agent: I am familiar with and d	accept the obligations o	f the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change			
Add		`	<u></u>
Remove			
2)Change			
Add			
Remove 3) Change			
Add			
· Remove			
4) Change			
: Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Damous			

onal Articles, enter change(s) here: cessary). (Be specific)
(20 4)
\
r an exchange, reclassification, or cancellation of issued shares,
the amendment if not contained in the amendment itself: e N/A)
i iva)
`
<u> </u>

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The date of each amendment((s) adontion:	12/109/22		, if other than the
date this document was signed.		18.13		, if outer than the
Effective date if applicable:	12/09/2	2		
	(no mor	re than 90 days after amend	lment file date)	
Note: If the date inserted in the document's effective date on the			ng requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK ON	NE)		
The amendment(s) was/were action was not required.	adopted by the incorpora	ators, or board of directors	without shareholder action an	d shareholder
☐ The amendment(s) was/were by the shareholders was/we			cast for the amendment(s)	
☐ The amendment(s) was/were must be separately provided				
"The number of votes	cast for the amendment(s)) was/were sufficient for ap	proval	
by			.,,	
	(voting group	<i>)</i>		
	l t			
Dated	02/10/23	<u> </u>		
Signature 🔀	Edwar Clark	©		
⊕	a director, president or of	ther officer - if directors or		
	ected, by an incorporator - pointed fiduciary by that fi	 if in the hands of a received iduciary) 	er, trustee, or other court	
		ON CLEITON printed name of person sig	DE SOUZA LE	scimento
	(1 yped or	primed name of person sig	miki	
	PRESIT	xrt.		
	(Title of p	person signing)		

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