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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRBIUTE WINDO	OW COVERINGS USA IN	<u> </u>		
DOCUMENT NUMB	D23000000810	<u>. </u>			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	DOUGLAS KAMEH				
-		Name of Contact Persor	1		
	BUSINESS CONTROL SERVICE INC				
-	 	Firm/ Company			
	3925 S NOVA RD STE 1				
-	· · · · · · · · · · · · · · · · · · ·	Address			
	PORT ORANGE, FL 32127				
-		City/ State and Zip Code	·		
	DOUG@BUSINESSCONTI	ROLSERVICE.NET			
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, plea-	se call:			
DOUGLAS KAMEH		at (386	760 - 5454		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	Articles of Incorporation of	<i>i</i> ,
TRIBUTE WINDOW COVERINGS USA INC		
(Name of Corporat	tion as currently filed with the F	lorida Depite of States 2 / 17:31
P24000000819		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(Docu	iment Number of Corporation (if k	nown) .
Pursuant to the provisions of section 607.1006, Floricits Articles of Incorporation:	da Statutes, this Florida Profit Con	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the o	corporation:	
name must be distinguishable and contain the word "e "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	;" or "Co". A professional coi	The new orporated" or the abbreviation "Corp", " rporation name must contain the word
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>	le: DDRESS)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>)	<u>OX</u>)	
D. If amending the registered agent and/or registence new registered agent and/or the new registered		nter the name of the
Name of New Registered Agent		
<u>. </u>	(Florida street address)	
New Registered Office Address:		Florida
	(Cay)	(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	rgistered Agent: I am familiar with and accept the	e obligations of the position
Sign	nature of New Registered Agent, if	changing

Check if applicable

 \square 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)

Please note the officer director title by the first letter of the office title.

 $P = President, \ V \in Vice \ President; \ T = Treasurer, \ S \in Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO + Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.$

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	ANTONIO MARZILLI	585 COMMONWEALTH BLVD
Add			UNIT N
X Remove			PORT ORANGE, FL 32127
2) Change			·········
Add			·
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

un amendment provides for an exchange, reclassification, or cancellation of issued s	chares
rovisions for implementing the amendment if not contained in the amendment itself	<u>f:</u>
(if not applicable, indicate N A)	
	-
	

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	1/01/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s).	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/18/20 Dated Signature	director, president or other officer - if directors or officers have not	been
	ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	er court
	MOHAMMAD BAHRAMI	
	(Typed or printed name of person signing)	J 270 - 1891 11 - 1
	P.T	
	(Title of person signing)	