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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GALLO WINDOV	V CORP			
DOCUMENT NUMB		_ ·· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
J	JAVIER GALLO				
_		Name of Contact Person	n		
	GALLO WINDOW				
_		Firm/ Company			
2	2558 SE 13 CT				
_	Address				
Į.	HOMESTEAD FL 33035				
<u>-</u> -		City/ State and Zip Cod	e		
JAVIE	RG@GALLOWINDOW.CG	ОМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JAVIER GALLO		305	de & Daytime Telephone Number		
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of **GALLO WINDOWS** (Name of Corporation as currently filed with the Florida Dept. of State) P9300008139

ment Number of Corporation (it known)	C, ***
da Statutes, this Florida Profit Corporation adopts	the following amendment
corporation:	
	The new
rd "corporation," "company," or "incorporate p," "Inc," or "Co". A professional corporation e abbreviation "P.A."	d" or the abbreviation
de: DRESS)	
<u></u>	
ered office address in Florida, enter the name of	the
Tomec address.	
(Florida street address)	
, Flo	rida
(City)	(Zip Code)
(City) gistered Agent: I am familiar with and accept the obligations of t	(Zip Code)
	a Statutes, this Florida Profit Corporation adopts orporation: rd "corporation," "company," or "incorporate b," "Inc," or "Co". A professional corporation c abbreviation "P.A." e: DRESS) red office address in Florida, enter the name of office address: (Florida street address)

Signature of New 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 = 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JAVIER MARTIN GALLO	2558 SE 13TH CT
X Add			HOMESTEAD FL 33035
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	
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F. 16	La de la companya del companya de la companya del companya de la c
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
RECLASSIFICATION OF SHARE AS FO	LLOWS:
PRESIDENT - JAVIER GALLO 45%	
VICE-PRESIDENT - PATRICIA GALLO	45%
SECRETARY - JAVIER MARTIN GALLO	O 10%

•	NOVEMBER 17, 2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file a	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing required Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action a	nd shareholder
	dopted by the incorporators without shareholder action and sl	hareholder
action was not required.	()	
11/10/20	ph/	
Dated	 	
a: \\\\\\\		
Signature	director, president or other officer – if directors or officers h	ave not heen
	ed, by an incorporator – if in the hands of a receiver, trustee,	
	inted fiduciary by that fiduciary)	
	JAVIER A GALLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	