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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

DOCUMENT NUMB	EATION: SELUCE N SER: PGFG000 of Amendment and fee are su	20259	K BY DONIZ-RITE	E INC.	
Please return all corres	pondence concerning this ma	tter to the following:			
	Steven (	Whiting Name of Contact Person	n	<del></del>	
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S	E-mail addressi to be us	be I south 1 actions and seed for future annual report	notification)	-	
For further information	concerning this matter, pleas	se call:			
Steven Name o	Whiting of Contact Person	at ( <u>32 (</u> Area Co	de & Daytime Telephone Nu	mberca of	
Enclosed is a check for the following amount made payable to the Florida Department of State:					
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Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building	<del>-</del>	

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment

## Articles of Incorporation of

SERVICE	MAGTER	JAN MENRIAK	BY	DONE-RI	TR JV	<u>C · </u>		
	(Name	of Corporation as cu						
<u> </u>		(Document Num	ber of C	orporation (if kno	wn)		······································	
Pursuant to the provisits Articles of Incorporate		7.1006, Florida Statutes	, this <i>Fl</i>	orida Profit Corpo	oration adopts	s the follo	owing amend	lment(s) 1
A. If amending nam	ie, enter the new i	name of the corporatio	<u>n:</u>					
RE	LIABLE	WINDOW	e	LEANING	工业	<u> </u>	The r	1ew
name must be disting "Corp.," "Inc.," or	nguishable and co Co.," or the desig	ntain the word "corpo mation "Corp," "Inc," ation," or the abbrevia	oration,' ' or "Co	" "company," or o". A professiona	"incorporate	ed" or th	he abbrevial	tion
	B. Enter new principal office address, if applicable:		6515	hings	DOM	AUE	_	
(Principal office add	ress <u>MUST BE A</u>	STREET ADDRESS )		Coeca				
					<del></del>			_
	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			6515	KINGS	2m	AUZ	_
				6515 Occa	FL	3292	7	_
					<del></del>	*		<b></b>
		nd/or registered office w registered office ad		s in Florida, ente	r the name o	f the		
- · · -		- <del>-</del>	Mress:	110				
<u>Name of Net</u>	w Registered Agen			) / ~				
		(Flor	ida street	address)	<del> </del>			
New Registe	red Office Address	:			, Flo	orida -		
			(C	ity)			Zip Code	 
							20 E	6 j 
		changing Registered A					75	india.
I hereby accept the a	ppointment as regi	stered agent. I am fam	iliar wit	h and accept the o	bligations of	the positi	13	g F , jumans
				110				
		Signatura of	Vew Rea	stored Agent if a	hanaina		≖ un <u></u>	
		Signature of I	Vew Reg	istered Agent, if c	hanging			

### 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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		_ NA	
Add			
Remove			
2) Change			<del></del>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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Remove			

	(Be specific)			
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	,			
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		an concellation of	issued shares.	
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visions for implementing the amen	ange, reclassification, Idment if not contain	ed in the amendme	nt itself:	
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n amendment provides for an exchapovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, adment if not contain.	ed in the amendme	nt itself:	

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:	1/1/16	fter amendment file date)
	(no more than 90 days af	ster amendment file date)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable staturtment of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number cient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting character voting group entitled to vote separate	ng groups. The following statement wately on the amendment(s):
	r the amendment(s) was/were sufficie	ent for approval
by	(voting group)	
	(voting group)	<del></del>
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without s	shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without share	cholder action and shareholder
Dated 12	9 15	·
Signature	y May	
selected,	ctor, president or other officer - if di by an incorporator - if in the hands o	rectors or officers have not been  of a receiver, trustee, or other court
appointed	I fiduciary by that fiduciary)	
	Heven Whiting	person signing)
	(Typed or printed name of p	person signing)
	Director	
<del></del> -	(Title of person	signing)

Page 4 of 4

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