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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	:ALL STA	TE ROOFING C	ORP	
DOCUMENT NUMBER:	P14000022511	·····		
The enclosed Articles of Amen	dment and fee are su	omitted for filing.		
Please return all correspondence	e concerning this mat	ter to the following	ng:	
		LIANNY PO	ORRAS	
		Name of Cont	act Person	· · · · · · · · · · · · · · · · · · ·
ALL STATE ROOFING CORP				
	7	Firm/ Cor	npany	
	980	NE 132ND STR	EET UNIT	#2
<u></u>		Addre	ess	
NORTH MIAMI FL 33161				
		City/ State and	l Zip Code	
		lianny0511@ya	hoo.com	
E-n	nail address: (to be us	ed for future anni	ual report no	otification)
For further information concern	ning this matter, pleas	e call:		
LIANNY PORRAS at (
Name of Contac	et Person		Area Code	& Daytime Telephone Number
Enclosed is a check for the following	owing amount made p	payable to the Flo	rida Depart	ment of State:
	43.75 Filing Fee & certificate of Status	□\$43.75 Filing Certified Cop (Additional control enclosed)	рy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Street A	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 632			Clifton E	
Tallahassee,			2661 Exe	ecutive Center Circle
				see, FL 32301

SECRETARY OF STAFF DIVISION OF CORPERATIONS

Articles of Amendment to Articles of Incorporation of

15 JUN 22 PM 3: 44

ALL STATE ROOFING CORP

ALL STATE	ROUPING CORP
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P14	1000022511
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," word "chartered," "professional association," or the abbrevia	eration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office ad	address in Florida, enter the name of the dress:
Name of New Registered Agent	
(Flore	du street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of !	lew 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	JAVIER A MURILLO	8500 BISCAYNE BLVD
Add			LOT 907
X Remove			MIAMI FLORIDA 33138
2) Change	s	EDEN FRANCISCO BUITRAGO	2601 NW 16 STREET ROAD
X Add			APT #732
Remove			MIAMI FLORIDA 33125
			-
3) Change			
Add			
Remove			
4)Change		·	The state of the s
Add			
Remove			
5) Change			
Add			
Remove			77.1
6) Change		-	
Add			-
Remove			

ttach addition	adding additional Artal sheets, if necessary).	(Be specific)				
				· · · · · · · · · · · · · · · · · · ·		
		_ .				
			· · · · · · · · · · · · · · · · · · ·			
	<u>-</u> .					
<u> </u>						
<u>rovisions for</u>	nt provides for an exc implementing the am dicable, indicate N/A)	hange, reclassific endment if not co	cation, or cancell ontained in the ar	ation of issued sh mendment itself;	ares,	
			<u> </u>			

	FILL SEGRETARY	EU OF SYAU
The date of each amendment(s) adoption:	DIVISIBN OF ES	IRECTION TO NE
date this document was signed.		
	15 JUN 22	PM 3: 44
Effective date if applicable:	10 3011 E.E.	
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be	listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by"		
(voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der	
06/17/2015		
Dated		
Signature Lianny Pouras		
(By a director, president or other officer - if directors or officers have not	been	
selected, by an incorporator if in the hands of a receiver, trustee, or other		
appointed fiduciary by that fiduciary)		
LIANNIA DODDA O		
LIANNY PORRAS		
(Typed or printed name of person signing)		***************************************
PRESIDENTE		
(Title of person signing)		