P14000022511

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	‡)
PICK-UP	WAIT	MAIL .
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
		2724





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FILED

16 HAY 27 PH 4: 00

16 HAY 27 PH 4: 00

AMEND.

JUN 0 3 2016 D CONNELL



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2016

Lianny Porras 16211 SW 98 Ave. Miami, FL 33157

SUBJECT: ALL STATE ROOFING CORP

Ref. Number: P14000022511

We have received your document for ALL STATE ROOFING CORP, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$43.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 016A00009696

COVER LETTER

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TO: Amendment Section **Division of Corporations DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company iannyos11@yahoo.com For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

200685, 00671

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

	FH	-ED
16	MAY 27	PM 4: 00

(Document Number of Corporation (if known)

nent(s) to

A. If amending name, enter the new name of the co	The n
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	16211 SW 98 th Ave Miami Fl 33157
	<u> </u>
D. If amending the registered agent and/or registe new registered agent and/or the new registered	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	
new registered agent and/or the new registered	l office address:
New Registered Agent's Signature, if changing Reg	(Florida street address) , Florida

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 Do	<u>e</u> .	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				·
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if	f necessary). (Be sp	nter change(s) her vecific)	- , ,		
			.		
If an amendment provide	es for an exchange, r	eclassification, or	cancellation of iss	ued shares,	
provisions for implement (if not applicable, ind	ting the amendment licate N/A)	t if not contained	in the amendment i	itself:	
				**	

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:	• •	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amicient for approval.	endment(s)
The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and s	hareholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and share	holder
Dated	0.	
Signature	lianny Parras	
	ector, president or other officer - if directors or officers have	not been
selected,	by an incorporator - if in the hands of a receiver, trustee, or	
appointe	d fiduciary by that fiduciary)	
	Lianny Porras	
	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	