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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MIAMI ALUMIN	UM ROOF. CORP	
DOCUMENT NUN	IBER: P15000016374		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	ARIEL LEMUS		
		Name of Contact Person	<u> </u>
	MIAMI ALUMINUM ROOF	CORP	
		Firm/ Company	
	3411 DORIE STREET		
		Address	
	NORTH PORT, FL 34291		
		City/ State and Zip Code	2
For further informati	E-mail address: (to be use on concerning this matter, plea		
ARIEL LEMUS		at (de & Daytime Telephone Number
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee
Ta	llahassee, FL 32314	2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

es of Incorporation
of

MIAMI ALUMINUM ROOF, CORP (Name of Corporation as currently filed with the Florida Dept. of State 24 AH 9: 49 PI5000016374 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 3411 DORIE STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NORTH PORT, FL 34291 C. Enter new mailing address, if applicable: 3411 DORIE STREET (Mailing address MAY BE A POST OFFICE BOX) NORTH PORT, FL 34291 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 3411 DORIE STREET (Florida street address) NORTH PORT. New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

[☐] 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)

Example:

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ARIEL LEMUS	3411 DORIE STREET
Add			NORTH PORT, FL 34291
Remove 2) X Change	VP	YAIMIT B DE ARMAS	3411 DORIE STREET
Add			NORTH PORT , FL 34291
Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change(s) h (Be specific)			
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n amendment provides for an exch ovisions for implementing the ame	ange, reclassification, containe	or cancellation of iss d in the amendment	ued shares, itself:	
(if not applicable, indicate N/A)	-	· · · · · · · · · · · · · · · · · · ·		
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Pho dota of analy amandment (a)	adontion	راد د ماه مصاف ۱
late this document was signed.	adoption:	If other than the
Effective date <u>if applicable</u> :		
meetive date <u>ii appiicable</u> .	(no more than 90 days after amendment file date)	
iote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder 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 amendment(s) sufficient for approval.	
must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
10/17/20	24	
Dated		
Signature 🛨		
(By'a selec	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 other court inted fiduciary by that fiduciary)	
	ARIEL LEMUS	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)