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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ORTIZ ROOFING	CORPORATION		
DOCUMENT NUMB	ER:			
•	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	nondence concerning this ma	tter to the following:		
ı	ALBERTO DE LEON BARI	RIOS		
-		Name of Contact Persor	1	
(ORTIZ ROOFING CORPORATION			
		Firm/ Company		
3	8169 MEADOW RD	. ,		
-		Address		
,	WEST PALM BEACH, FL 3	3406		
-		City/ State and Zip Code	0	
ANDR	.ES.SANCHO@GMAIL.CO	M		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information ANDRES SANCHO	concerning this matter, pleas	se call: at (389-8529	
Name of Contact Person		at (Area Co	de & Davtime Telephone Number	
	the following amount made		•	
■ \$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)	
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Intent Section on of Corporations Building Executive Center Circle 1886e, FL 32301	

Articles of Amendment to Articles of Incorporation of

ORTIZ ROOFING CORPORATION

(Name of Corporation as curre	ently filed with the Florida	Dept. of State)	
P18000032066			
(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporatio	on adopts the following a	mendment(s) to
A. If amending name, enter the new name of the corporation:			
ORTIZ CORPORATION		T	he new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional con	corporated" or the abbi	eviation
B. Enter new principal office address, if applicable: (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 a new registered agent and/or the new registered office addr		name of the	
Name of New Registered Agent			
			
(Florida	i street address)		
New Registered Office Address:	(City)	, Florida	<u></u>
	· · · · · · · · · · · · · · · · · · ·	(14)	•• /
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obliga	utions of the position	
		JUL 2	<u> </u>
Signature of Ne	w Registered Agent, if chang	ing P	

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>u</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
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				-	
Kenore				•	
6) Change		_		-	
Add					
Remove					

mon management souces, y necessary,	icles, enter change(s) here: (Be specific)
<u> </u>	
	
<u></u>	
	
	the second standard or an administration of iconed charge
an amendment provides for an excl	nange, reciassification, or cancellation of issued shares,
an amendment provides for an exclorovisions for implementing the ame	endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more tha	n 90 days after amendment file dater
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Signature Description of the r	
Signature of John St.	officer – if directors or officers have not been
	n the hands of a receiver, trustee, or other court
Alborto De	Laon Barrios
(Typed or prin	ted name of person signing)
Pro	siden t
(T	itle of person signing)