## P18000052375

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## **COVER LETTER**

**TQ:** Amendment Section Division of Corporations

NAME OF CORPORATION: Dr ROOFING CHACON CORP.					
NAME OF CORPORATION: Dr 1200 Fing CHACON CORP.  DOCUMENT NUMBER: P180000 S2375					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JOBGE LUIS CHAWIN Rodriguez.  Named Contact Person					
Film ompany					
7815 SW 152 AVE Apt 4					
City/ State and Zip Code					
E-mail Address: (to be used for future annual report notification)					
For further information concerning this matter, please call:  TONSE L CINCON RODO GUEZ at (585) 532-9357  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

## Articles of Amendment to

Articles of Incorporation of

Dr Roofing CHACON	CORP
(Name of Corporation as currently	filed with the Florida Dept. of State)
P180000523	<del></del>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc," or "C word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- A/A
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 addr new registered agent and/or the new registered office address	
Name of New Registered Agent  (Florida str	eet address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered 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.

Example:	c, and ou			
X Change	<u> 174</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	Title	<u>Name</u>		<u>Addres</u> s
(Check One)  1) X Change	P	Jagne L	CHACON NODUK	DEZ 7815 SW152 AV MAMI H 33192
Add Remove				
2) Change			·	
Add				
Remove				
3)Change				
Add				
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				,
Remove				
6) Change				
Add				
Remove				

If amending or adding additional (Attach additional sheets, if necessar	Articles, enter change(s) here:
Attach adainonal sheets, ij necessai	ry). (Be specific)
	<del>/</del>
	<del></del>
	<u> </u>
	<u> </u>
If an amondment arouides for an	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the	amendment if not contained in the amendment itself:
(if not applicable, indicate N/.	(4)
(9 177	<i>'</i>
	<i>/</i>
<i></i>	
_ <del></del>	

The date of each amendment(s) adoption:, if other than the
late this document was signed.  Ob 25/17
Effective date if applicable: (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, this date will not be listed as the locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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 shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.
Dated \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Sanca
Signature
(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 court appointed fiduciary by that fiduciary)
JORGE LUIS CHALON Rodine.
TOR 9E LUIS CHALON Rochique.  (Typed or printed name of person signing)
PABIDENT
(Title of person signing)

the