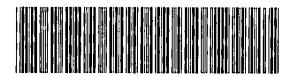
P19000051460

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: The ROSFINS COMPANY INC. BOCUMENT NUMBER: P19000051460			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Marcus J. Ahlers Name of Contact Person The Roxfing Company Inc. Firm/ Company 6015 Chester Cir Ste 203 Address Address City/ State and Zip Code Jay. The roofing company @ gmp. 1. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at 904, 382 4191 Area Code & Daytime Telephone Number			
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 (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

The Rooting Company	uy INC.		
(Name of Corporation as turrent	tly filed with the Florida Dept. of Sta	nte)	
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	•	e following amendme	ent(s) t
A. If amending name, enter the new name of the corporation:			
NA		The nev	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	or the abbreviation ame must contain the	11 E
B. Enter new principal office address, if applicable:	NA	20	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		190	:=ব্দ)
			5 J
		$\frac{\pi : T}{\pi}$:
C. Enter new mailing address, if applicable:	No	S. A.	: 6 B
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-10/12	 	است
		<u> </u>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		<u>ıe</u>	
Name of New Registered Agent NA			
(Florida s.	treet address)		
New Registered Office Address: NA	. Floric	la.	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	it:		
I hereby accept the appointment as registered agent. I am familiar		position,	
Na			
Signature of New	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.

Example: X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Clist J Roth	605 Chester Cir
🔀 Add			Ste 203
Remove			Jacksonuille F1. 32217
2) Change		<u>N/A</u>	
Add			
Remove		\]	
3) Change		NA	
Add			
Remove			
4) Change		Na	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		NA	
Add			
Remove			

E. If amending or adding	additional Artic	les, enter change	(s) here:		
(Attach additional sheet					
9/4					
•					
	- · · · · · · · · · · · · · · · · · · ·				<u> </u>
- -	<u></u>				
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		-			
					
 If an amendment pro- provisions for imples 	<u>ides for an excha</u> nenting the amen	inge, reclassificat dment if not cont	<u>ion, or cancellati</u> tained in the ame	<u>on of issued share</u> ndment itself:	<u>s.</u>
(if not applicable	indicate N/A)				
da					
					
<u> </u>					
·					
					
					

The date of each amendment(s) adoption: 19819 date this document was signed.	, if other than the
Effective date if applicable: 10/8/19 (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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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):	ı
"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 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 10/8/19	
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)	
Marcus J. Ahlers	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	<u> </u>