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## COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: SUDShine Roof Builders I  DOCUMENT NUMBER: PRODOCOS GOY  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Name of Contact Person				
Surshine Metal Roof Builders INC				
309 NE 20th AVE				
BOYNTON Beach, Fl 33435  City/ State and Zip Code				
E-mail address: (to be used forfuture annual report notification)				
For further information concerning this matter, please call:				
Mariline Waitwhich / Heanat (561) 735 2493/5720334 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:				
\$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Sunshine Netal Koof Bull	filed with the Florida Dept. of State)	
Panangage	7/1	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Clorida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:		
	<i>Th</i>	ie new
name must be distinguishable and contain the word "corporation," "ce "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "o professional corporation name must contain th	Corp.," www.word
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 <u>MAY BE A POST OFFICE BOX</u> )		2001
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	ار ان ان
Name of New Registered Agent		
<del></del>	<del></del>	
(Florida stree		
New Registered Office Address:	, Florida	<del></del>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.  gistered Agent, if changing	
Signature of New Rey	діметеа Аделі, іј спапдіпд	

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)

Please note the officer director title by the first letter of the office title:

 $P \sim President; \ V=Vice\ President; \ T=Treasurer; \ S=Secretary; \ D=Director; \ TR=Trustee; \ C=Chairman\ or\ Clerk; \ CEO=Chief$ Executive Officer: CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

- Mike Jones, + as Kemos	e, ana sany ann		
Example: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u> .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	HERAGENE JEAN W	BOLINION BCh, F1 33435
_1 Add			BOLNIN BCh, 77 55455
Remove	. 🔾	οδ 115 mm m 1 2 π το 2 mio	+ 309 NE 20th AVE
2) Change	<u>v</u> P	Marline D. Walland	BOYNION BCh, Fl33435
Remove 3 ) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change Add			
Remove		· <b>,</b>	
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
The control of the control of	· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the am-	endment if not contained in the amendment itself:	
(if not applicable, indicate N A)		
	· · · · · · · · · · · · · · · · · · ·	

	, if other than the
The date of each amendment(s) a date this document was signed.	doption:
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	depted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were as 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 f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
Signature (By a selection)	a director president or other officer – if directors or officers have not been cied, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)  Mariline Wainwright  (Typed or printed name of person signing)
	(Title of person signing)