P21000091406

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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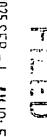
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TO: Amendment Section

Division of Corporation	ons		
NAME OF CORPORATI	ON: TWISTER HOM	E ROOFING INC	
DOCUMENT NUMBER:	P21000091406		
The enclosed Articles of Art	mendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
	MIGUEL	ANGEL DOLORES SAYA	AGO
		Name of Contact Persor	1
	TW	ISTER HOME ROOFING	INC
		Firm/ Company	
	524	FLAMINGO AVE S	
		Address	
	L	EHIGH ACRES FL 33971	
		City/ State and Zip Code	e
	MIGUEL	SAYAGO072@GMAIL.C	ОМ
	E-mail address: (to be us	sed for future annual report	notification)
For further information con	cerning this matter, pleas	se call:	
MIGUEL A DOLORES SA	AYAGO	706 at (5892002
Name of Co	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing			Address Iment Section
Amendment Section Division of Corporations			on of Corporations
P.O. Box		The C	entre of Tallahassee
Tallahass	see, FL 32314		N. Monroe Street, Suite 810
		Lallaha	assee, FL 32303

Articles of Amendment to Articles of Incorporation of

The state of the s

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TWISTER HOME ROOFING INC

(Name of Corporation as current)	y filed with the Florida Dept. of State)
P210000914	06
(Document Number of	Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this a Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," "c nc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
Enter new principal office address, if applicable:	524 FLAMINGO AVE S
rincipal office address MUST BE A STREET ADDRESS	LEHIGH ACRES FL 33974
Enter new mailing address, if applicable:	5540 BANNING ST
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	LEHIGH ACES FL 33971
	The side anter the name of the
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Floridu str	eet address)
(Florida str New Registered Office Address:	ect address) Florida

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>P1</u>	John Doc	
X Remove	¥	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) Change	P	MIGUEL A. DOLORES SAYAGO	524 FLAMINGO AVE S
X Add			LEHIGH ACRES FL 33974
Remove	Р	MARIA A VILLA CASTELLANOS	5540 BANNING ST
2) Change Add			LEHIGH ACRES FL 33971
X Remove Change			
Add			
Remove			
4) Change Add	-		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) he (Be specific)			
				
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	ange, reclassification, (or cancellation of	issued shares,	
an amendment provides for an excl			ni itsett:	
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The date of each amendment(s) adopt date this document was signed.	ion:, if other th	
09/01/20	25	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.	as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
must be separately provided for each	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/01/2025		
Dated		
Signature		
(By a direct	or, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court	
	iduciary by that fiduciary)	
	MIGUEL A DOLORES SAYAGO	
_	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	