# H50016

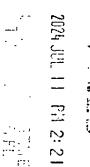
(Requestor's Name)
(Neguester 3 Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000432740260

00 11 12 14-00 00 H 4 00 0 H 19. TS





#### COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOC adicom For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 1843.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

## Articles of Amendment to

Articles of Incorporation

Tom Joyce Roofing inc.	
(Name of Corporation as currently filed y	with the Florida Dept. of State 1024 JUL 11 Pis
$-15 \times 16$	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section $607.1006$ , Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation," "company "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profest "chartered," "professional association," or the abbreviation "P,A."	; " or "incorporated" or the abbreviation "Corp., " sional corporation name must contain the 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 MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in because registered agent and/or the new registered office address:  Name of New Registered Agent  ADA Kednitt St  (Florida street address)	Francis Joyce Northport FL 31288
New Registered Office Address: (City)	Florida, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with ana	l accept the obligations of the position.
Tim Joyce Signature of New Registere	d Agent, if changing
- ·	

Check if applicable

<sup>☐</sup> 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 = 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> <u>Joh</u>	in Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jone <u>s</u>	
X_Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T_	grace T Joyce	751 Suffolk Cir Nokomis FL
2) Change Add	工	Timothy J. F Jayce	34275 4079 Kennett St Normport FL
Remove Change Add	<u>V</u> _	Timothy S.F. Joyce	31288 4079 Kennett St
Remove 4) Change Add			Northport FL 34288
Remove 5) Change Add			
Remove 6) Add Remove			

.Hach <i>additional sh</i>	ling additional Articles leets, if necessary). (b	le specific)				
			<del>_</del>			<del></del>
<u> </u>						
		<del></del>		<del> </del>		
		<u> </u>				
			• — · · ·			_
<u>_</u>						
					<del>-</del>	
_		<del>-</del>	<del></del> _	<del>-</del>		
	<del></del>	<del></del>	<del></del>	<u> </u>		
<del></del>			<del></del>			
			<u> </u>	<u>-</u>		
				<u>-</u>		_
				<del></del>	<del></del>	
	rovides for an exchang	.o modarrifiantio	n or cancallati	on of issued sh	ares	
an amenument p	olementing the amenda	nent if not conta	ined in the ame	ndment itself:	41 ( 3,	
(if not applical	ble, indicate N/A)	nem <u>ii noi coma</u>				
(y nor approxim	, , , , , , , , , , , , , , , , , , , ,					
						· · · · ·
	<del></del>					
<u></u>						
					<del>-</del>	<u>-</u>
					<del> </del>	

The date of each amendment(s) a	doption: June 2/12 2024 if other	her than the
late this document was signed.	T . 27 21	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<b>Sote:</b> If the date inserted in this hocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be lepartment of State's records.	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
selecte	tirector, president or other officer – if directors or officers have not been ed, by an incorporator – in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	James G Joyce	
	(Typed or printed name of perso) signing)	
	<u>Dresident</u>	<del>.</del>
	(Title of person signing)	
	į.	

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: JON JO	ryce Routine	1 inc.
DOCUMENT NUMB	BER: H 50016		)
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	James Tom Joya 4079 K North port James 2 E-mail address: (to be us	Name of Contact Person  E Quoting  Firm/ Company  Ennett St  Address  FL 34389  City/ State and Zip Code  976 aul: Code  ged for future annual report	OW
For further information	n concerning this matter, pleas	se call:	
James Name o	of Contact Person	at ( 4 ) Area Co	429 - 1800 de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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)
Ame Divi	ling Address Induction Ind	Amend Divisio	Address ment Section in of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314