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SECRETARY OF STATE

AUG 13 2018

S. YOUNG

## **COVER LETTER**

TO: Amendment Section

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: THOMAS H. MEREDITH

Name of Contact Person Vreeland Roxing Inc. 1646 CHESHIRE CIRCLE West

Address

1eHigh Fores FL 33936

City/ State and Zip Code

Veeland Rooking. Com

1 address: (to be used for future annual report notification) For further information concerning this matter, please call: Ncred 14h at (412) 506 - 1559
Ontact 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

to

Articles of Incorporation of

	Ot	
REELAND	ROOTING	INC

\	MEELAND K	OOFING INC.	
(Name of	Corporation as current	ly filed with the Florida Dept. of S	tate)
	P0100 <i>0</i> 0	04221	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional corporation i	" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1019 ALASKA	AVE
		1019 ΔLASKA LEHIGH ACRES	FL 33971
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	FFICE BOX)	Same 95 Ag	
new registered agent and/or the new	registered office address	<u>s:</u>	<b></b>
Name of New Registered Agent	MARCELO	LIMA	
New Registered Office Address:	1019 ALAS (Florida st.	SKA AVE LEHIGHA reet address)  AVE LEHIGH Rere (City)	COES 33971  S ida 33971 (Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am familiar		FILE  CIRLIANT C
			[1] 로 O (2) <b>의</b>

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	<u>Doc</u>	
X Remove	V Mike	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u> . ·	MARCELO LIMA	1019 ALASKA AVE
Add			Lehigh Aeres FL
Remove			3397
2) Change	<del></del>		
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change	~~~		
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	mending or adding additions ich additional sheets, if necess	sary). (Be spec	ific)			
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f an	n amendment provides for a	n exchange, recl	assification, or ca	ncellation of issued	shares,	
<u>pro</u>	ovisions for implementing the (if not applicable, indicate N	<u>e amendment if :</u> //A)	<u>not contained in t</u>	<u>ne amendment itse</u>	<u>II;</u>	
	<del></del>			<del></del>		
		· · · · · · · · · · · · · · · · · · ·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	date 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 east for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/8/18	
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 components appointed fiduciary by that fiduciary)	
THOMAS Mercalth	
(Typed or printed name of person signing)	
Quine It	
(Title of person signing)	