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(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Extreme Roofing Inc
TO SOURCE TO SOU
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
Extreme Roofing Inc
3115 SW 103 Am
Address
Miami 21. 33165 City/ State and Zip Code
<u>extremeroofinginc@yahoo.com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (30T) 32T-1537 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 Address Amendment Section Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of	Incorporation
	of

Extreme	Roofin	Inc		
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)		
PO1 0000	281817			
(Document Num	nber of Corporation (if k	(nown)		
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this Fi	lorida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professional corporati	ated" or the ab	breviation ontain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		311J SLD Miamijal	103 A .33165	re
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
(Maning address MAI BE A POST OFFIC	<u>LE BUX</u>)			
D. If amending the registered agent and/or r new registered agent and/or the new registered agent and/or the new registered Agent		ss in Florida, enter the name	e of the	
	(Florida stree	et address)		
New Registered Office Address:		, Florida		
THE TOTAL COMMENT THE TENT OF	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as	ng Registered Agent: igent. I am familiar wi	ith and accept the obligations	of the position.	
Signatui	ve of New Registered Ag	gent, if changing	A CREATE AND A CRE	F L 12 MOV 29
	Page 1 o	f 4	Y OF STATE	ILED 29 PMB: 16

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	\mathcal{P}	Naomi Fruentes	
·			Miami, Jel-33160
· - Remove			
2) Change		Naomi F Fuentos	3100 SW 103 tu
Add			Miami, 26 33165
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
(Mach didnismi sheeth y necessary).	(Se apecinic)
	·
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
, <u></u>	

The date of each amendment(s) adopti	on: NOS 27, 2012
Effective date <u>if applicable</u> :	NOV 27,2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ 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.
	d by the shareholders through voting groups. The following statement a voting group entitled to vote separately on the amendment(s):
	ne amendment(s) was/were sufficient for approval
by	(voling group)
	by the board of directors without shareholder action and shareholder
action was not required.	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated No J	27, 2012
Signature Kau	1 Pour
(By a directe	or, 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 fi	duciary by that fiduciary)
	Raul Penez
	(Typed or printed name of person signing)
	President
	(Title of person signing)