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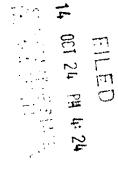
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COVER LETTER

NAME OF CORPORATION: ALL Volusia Roofing & Roof Cleaning Inc

DOCUMENT NUMBER: PO 300010 5549

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Toseph Frankling Lankenship

Name of Contact Person

All Volusia Roofing Broof Cleaning Inc

Firm/Company

1500 Shadow Pines Pr

Address

Address

Dew Snyrva Beach, FL 32168

City/State and Zip Code

TOE Oblankenship Insurance Net 1.00

E-mail address: (to be used for future annual report notification)

Toseph Blankendry at (386), 669-4086

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 □\$43.75 Filing

TO: Amendment Section

Division of Corporations

□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy

(Additional copy is enclosed)

□\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles	of	Incorporation
Articles	ΟI	micor por actor

Common Number of Corporation (if known)	ALL Volusia Roofing & Roof	leaving, Inc.	•	_	
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		orida Dept. of State)			
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Signature of New Registered Agent, if changing	I nereby accept the appointment as registered agent. I am familiar wi	un ana accept the obligations of t	ne position.		
	Signature of New Registered Ag	gent, if changing			

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 <math>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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Saily Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	T NICHOLAS J BL	ANKENSHIP 1500 Shadow Pinies Dr New Smynna Beach FL. 32168
2) Change Add Remove	T Jacob Glenn	Blankership 1500 Shadow Pives V New Snyrwa Beach, GL 32168
3) Change Add Remove		
4) Change		
Remove Change Add		
Remove 6) Change Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
Lucas James BLANKENSHIP	40%	Shares
JOSEPH FRANKLING BLANKASHIR	50%	shares shares
JOSEPH FRANKLING BLANKASHIP Jacob Glenn Blankenship	10%	Sheres
	<u>_</u> _	
F. If an amendment provides for an exchange, reclassification, or cancellation		res,
provisions for implementing the amendment if not contained in the amer (if not applicable, indicate N/A)	idment itself:	
		<u></u>
		<u> </u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: Oct 15 2014	
(no more than 90 days after amendment file date)	·····
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
by ALL Volusia Roof Cleaving Troc (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Oct 15 2014	
Signature 1050ph F. Blanhardly	
Signature (By addirector, president or other officer – if directors or officers have not been	_
selested, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOSEPH F Blackershy? (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_