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COVER LETTER

TO: Amendment Section Division of Corporations

3

NAME OF CORP	ORATION: Micheal Kevin Wa	ilsh Roofing	
DOCUMENT NU	P03000134863		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Michelle Taylor		
	····	Name of Contact Person	1
	Michael Kevin Walsh Roofir	ng	
	 	Firm/ Company	
	3520 SW Armellini Ave, Sui	te C1	
		Address	
	Palm City, FL 34990		
		City/ State and Zip Code	e
	michelle@sunshineismoney.	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat Michelle Taylor	ion concerning this matter, pleas	se call:at (_480	. 766-6665
Nan	e of Contact Person	an (Area Coo	de & Daytime Telephone Number
	for the following amount made		•
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

Michael Kevin Walsh Roofing					
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of St	ate)		-
P03000134863					
	(Document Number of	f Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts th	e followi	ng ame	endment(s) to
A. If amending name, enter the new r	ame of the corporation:				
				The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc," or "Co". A	A professional corporation name m	abbreviat ust conta	ion;"Ce in≅the	orp"
P. Francisco de la companya del companya de la companya del companya de la compan	'e 1' 1 1				
B. Enter new principal office address. (Principal office address MUST BE A.S.			:		
,	,		 		
				HH	
C Paragraph 19				S	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			;;	t_	
					
					
					
D. If amending the registered agent as	nd/or registered office addu	ress in Florida, enter the name of th	ie.		
new registered agent and/or the ne			<u></u>		
Name of New Registered Agent	Michelle Taylor				
	3520 SW Armellini Ave, S	Suite C1			
	(Florida str	eet address)		_	
New Registered Office Address:	Palm City	Fil:d	34990		
		, Florid (City)		Code)	 -
New Registered Agent's Signature, if o	hanging Registered Agent:				
I hereby accept the appointment as regist	terea agent. Tam jamiliar v	vith and accept the obligations of the	position.		
1.	() A ()				
/./	XHOV				
	Signalary of New Re	egistered Agent, if changing		_	
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)

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	PT	John Doc	
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) Change	P	Michael Walsh	3520 SW Armellini Ave
Add			Suite C1
X Remove			Palm City, FL 34990
2) Change	P	Michelle Taylor	3520 SW Armellini Ave
X Add			Suite C1
Remove 3) Change	D	Alfred J Taylor	Palm City, FL 34990
X Add			3520 SW Armellini Ave
Remove			Suite C1
4) Change			Palm City, Fl 34990
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	
	<u></u>
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
 	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
13 Mar 2024	
Effective date if applicable: (no more than 90 day)	s after amendment file date)
(no more man >v any	s after amenament fite vancy
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board action was not required.	
The amendment(s) was/were adopted by the shareholders. The nun by the shareholders was/were sufficient for approval.	aber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote.	
"The number of votes cast for the amendment(s) was/were sur	Ticient for approval
by	<u> </u>
(voting group)	
13 Mar 2024 Dated	_
Signature W	
(By a director, president or other officer -	
scleeted by an incorporator – if in the han appointed fiduciary by that fiduciary)	ds of a receiver, trustee, or other court
appointed inductary by that inductary)	
Michelle Taylor	
(Typed or printed name	of person signing)
President	
(Title of person signing)