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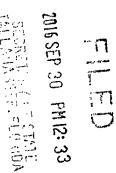
(F	Requestor's Name))
(A	Address)	
(<i>P</i>	address)	
(0	City/State/Zip/Phon	ne #)
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CARIBBEAN RO	OFING & CONSTRUCTION	ON, INC.
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
I	INDA C RUA ZAPATA		
_		Name of Contact Persor	1
(CARIBBEAN ROOFING &	CONSTRUCTION, INC.	
_	 	Firm/ Company	
7	40 Florida Central Pkwy S7	ΓE 2052	
		Address	
I	Longwood, FL 32750		
-	.,,	City/ State and Zip Code	B
caribbe	anroof@gmail.com		
		sed for future annual report	notification)
	`	•	
For further information	concerning this matter, pleas	se call:	
LINDA C RUA ZAPA	TA	at (961-2106
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
■ \$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building yearstive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corneration as curren	
(Maint of Corporation as Curren	tty filed with the Florida Dept. of State
204000034559	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	A CONTRACTOR OF THE STATE OF TH
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	740 Florida Central Pkwy STE 2052
	740 Florida Central Pkwy STE 2052 CO QUO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	740 Florida Central Pkwy STE 2052
	740 Florida Central Pkwy STE 2052 740 Florida Central Pkwy STE 2052
	1.
	dress in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. <u>If amending the registered agent and/or registered office ad</u>	dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	Idress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	Idress in Florida, enter the name of the

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	LINDA C RUA ZAPATA	1184 LAURA STREET
X Add			CASSELBERRY, FL 32707
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	9/27/16	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	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 case	for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
	27/2016	
DatedSignature &	Tim Duy	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	hirector, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	***
	JOSE D CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	