P06000033297

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Charlie's Roofing & Waterproofing, Inc. DOCUMENT NUMBER: POG000033297
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles W. Richards
Name of Contact Person Charlie's Korfing & Water proofing, Inc Film/Company 2506 N. S. S. H. S. +.
Address FL. 33619 City/ State and Zip Code
Inda a char lies roofing. com V E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (813) 621-6347 of 6
Navid Richards at 8/3, 263-0240 coll
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 Certificate of Status \$43.75 Filing Fee Certified Copy (Additional copy is Certified Copy Certified Copy (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of	Incorporation
	of

Charlie's Koofing & Wa	terproofing, Inc.
(Name of Corporation as currently f	iled with the Florida Dept. of State)
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts 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 word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F.2	". 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>)	Came
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 1
	50 PE :
D. If amending the registered agent and/or registered office address	s in Florida, anter the name of the
new registered agent and/or the new registered office address:	, O
Name of New Registered Agent LINDA	POTTER
2506 N	1.58th 54.
(Florida street	9, Florida_33619
New Registered Office Address: THY PF	
•	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg.	istered Agent, if changing
	G 17 G G

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	Address
1) Change	<u> 2=DA</u>	VID Richards	Charlie's Koopins
_ X _ Add			2506 N.58-St.
Remove			TAMPA, 1-L.33619
2) _ Change	 ·		
Add			_
_ Remove			<u>. </u>
3) Change			1
Add			·
Remove		•	<u> </u>
4) Change	5	= LINDAL. POTTER	Charlie's Korofing
X _Add			2506N.582 St.
Remove			JAMPA, FL 33610
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

1	sheets, if necessary).	(Be specific)				
						
		A - 144				
		,	/			
	•					
	·		_			
n amendmer	t provides for an excl	hange reclassifi	eation, or cancell	ation of issued	shares.	
ovisions for i	mplementing the ame	endment if not co	ontained in the a	mendment itse	<u>lf:</u>	
(if not appli	cable, indicate N/A)					
			/			
			/			
			<u> </u>	·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 date wil document's effective date on the Department of State's records.	not be listed as the .
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 2 / 16 / 17	
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 court appointed fiduciary by that fiduciary)	
Charles Richard Charles Richard	S
(Typed or printed name of person signing)	
Danielas I	
(Title of person signing)	