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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: CHECKMATE

Account Number : I20030000146

Phone

: (941)922-2801

Fax Number

: (941)922-7741

COR AMND/RESTATE/CORRECT OR O/D RESIGN

TRI TECH RESTORATION SERVICES INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/7/2006

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: TRIT | ECH RESTORATION SERVICES INC. |
|--|---|
| DOCUMENT NUMBER: P06000054 | t . |
| The enclosed Articles of Amendment ar | |
| Please return all correspondence concern | ning this matter to the following: |
| LEAH HARN | |
| | (Name of Contact Person) |
| CHECK MATE | |
| | (Firm/ Company) |
| 4411 BEE RIDGE ROAD, #257 | |
| | (Address) |
| SARASOTA, FL 34233 | |
| | (City/ State and Zip Code) |
| For further information concerning this | matter, please call: |
| LEAH HARN | at (941) 922-2801 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following am | ount: |
| ☑\$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State | |
| 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 Tailahassee, FL 32301 |

THE SHAPE OF THE OUT

Articles of Amendment to Articles of Incorporation of

TRI TECH RESTORATION SERVICES INC.

Check Mate

(Name of corporation as currently filed with the Florida Dept. of State)

P06000054611

(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:

NEW CORPORATE NAME (if changing):

TRI TECH RESTORATION & REMODELING, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ARTICLE VII - AMEND OFFICER/OWNER

AMEND ALYSSA COLAIACOMO FROM DVPS TO DIRECTOR & SECRETARY

ARTICLE VII - ADD OFFICER/OWNER

ADD FRANK COLAIACOMO AS DIRECTOR & VICE PRESIDENT

2820 CYPRESS TRACE CIRCLE #2012

NAPLES, FL 34119

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

RECLASSIFICATION OF SHARES TO REFLECT THE FOLLOWING:

DENISE COLAIACOMO - 675 SHARES, 45%; ALYSSA COLAIACOMO -

675 SHARES, 45%; FRANK COLAIACOMO - 150 SHARES, 10%

(continued)

| The date of each amendment(s) adoption: JULY 6, 2006 | | |
|--|--|--|
| Effective date if <u>applicable</u> : | , | |
| • | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| | was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. | |
| | was/were approved by the shareholders through voting groups. The at must be separately provided for each voting group entitled to vote imendment(s): | |
| "The number o | f votes cast for the amendment(s) was/were sufficient for approval by | |
| | (voting group) | |
| | was/were adopted by the board of directors without shareholder action tion was not required. | |
| The amendment(s) shareholder action | was/were adopted by the incorporators without shareholder action and was not required. | |
| | | |
| Signature | an July | |
| (By a selec | director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | |
| DE | NISE COLAIACOMO | |
| | (Typed or printed name of person signing) | |
| DIR | RECTOR | |
| | (Title of person signing) | |

FILING FEE: \$35