P0700000380

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2018 JUL 28 PM 2: 10 SECRETARY OF SIME ALLAHASSEF, FLORID

A Michael

JUL 25 2018

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MEL'S ROOFING, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MEL HERDLISKA Name of Contact Person MEL'S ROOFING INC. Firm/ Company 12509 AGATITE RD Address JACKSONVILLE, FL 32258 City/ State and Zip Code melvinherliska54@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (904) 660-1457 Area Code & Daytime Telephone Number MEL HERDLISKA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

MEL'S ROOFING INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P0700000380	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida 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 "Good "chartered," "professional association," or the abbreviation ".	20 . A projessimul Corporation name mine Comment
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE AT SECRE
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the total gations of the prosition.
Signature of New	Registered Agent, 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 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u> </u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP 		MENDOZA VERGAZA	2416 LAMEE AVE
X Add				JACKSONVILLE, FL 32207
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
-	
	hanna malarrification or cancellation of issued shares.
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	_

• • •	JULY 19, 2018	, if other than the
The date of each amendment() date this document was signed.	s) adoption:	, , , , , , , , , , , , , , , , ,
	JULY 19, 2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this e Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
☐ The amendment(s) was/wer must be separately provide	c approved by the shareholders through voting groups. The following stad for each voting group entitled to vote separately on the amendment(s):	tement
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharel	nolder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholde	भ
JULY.	19, 2018	
Dated		
	and the state of t	
Signature _	Male Herdligh	
(F	ly a director, president or other officer – if directors or officers have not t	ecurt
SO	elected, by an incorporator – if in the hands of a receiver, trustee, or other ppointed fiduciary by that fiduciary)	Cirare
a	ppointed fiduciary by that fiduciary,	
	MEL HERDLISKA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	