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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BERRY ROOFING	G. INC.		
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this mat	tter to the following:		
	SHANE C. BERRY			
	Name of Contact Person			
	BERRY ROFFING, INC.			
		Firm/ Company		
	2058 HIGHWAY 231			
		Address		
	COTTONDALE, FL 32431			
		City/ State and Zip Code	2	
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)	
SHANE BERRY		at (850	de & Daytime Telephone Number	
Name e	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	irtment 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)	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT 30 PM 3: 07

BERRY ROOFING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) EURE FARY OF STATE P07000028715 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST_BE_A STREET_ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (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 obligations of the position.

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, tf 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 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
l) Change	VP	PHILIP WIR BERRY	2074 HWY 231
Add			COTTONDALE, FL 32431
X Remove			
2) Change	V	GREGG A HARDCASTLE	2058 HWY 231
Add			COTTONDALE, FL 32431
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
(A) Character			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Artic</u> (Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	<u>here</u> :		
SHANE C. BERRY - 100%	,,,,,,,,,,			
		_		
			-	
F. If an amendment provides for an excha	inge, reclassification	, or cancellation o	f issued shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contain	ed in the amenda	ient itself:	
RECLASSIFICATION OF SHARES:				
RECEASE TEXTION OF STAKES.		_		
SHANE C. BERRY - 1000 SHARES				
		-		
				
				-
			·	
			·	

• 1	OCTOBER 12, 2018	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
OC.	FOBER 12, 2018	
Effective date if applicable:		
	tno more than 90 days after amendment file date	r)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amplicient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
·	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and share	holder
ОСТОВЕН	12. 2018	
Dated		
4	26 D	
Signature	Mane Dem	
(By a d	irector, president or other officer - if directors or officers have	not been
· ·	d, by an incorporator – if in the hands of a receiver, trustee, or	
	ted fiduciary by that fiduciary)	
wy pro-	sea reacting by that materially	
	SHANE C. BERRY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	TREGREEN	

(Title of person signing)