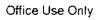


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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Liber by Roufing Group, Inc.  DOCUMENT NUMBER: POSCIO030436
DOCUMENT NUMBER: POS 010030436
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Smth Name of Contact Person Liberty Rooff My Croup Inc. Firm/Company
SISI SW (ATNST.  Address  Coral Galdes, FL 33134  City/ State and Zip Code
ASMITH ( INPUT TOFING GYOR). (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786), 538 - 1237  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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 MUST BE A STREET ADDRESS)
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 Li ANN HWICE  10870 W Sample 12d, #4301, COST SPICES  (Florida street 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 obligations of the position.
Signature of New Relistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 offic 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 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:	re, and sany	Smirt, Sr us thi ride,	
X Change	<u>PT</u> <u>J</u>	John Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Li Ann Amic	10870 W Samples
X_ Add			#4301, Corol Sp
Remove			tc, 53065
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
an amendment provides for an 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)	,
Anthony Smith Markines	5 t 1/3
Anthony Smith Markines Li Ann Amir	49 1/0
	<del></del>
	· · ·

The date of each amendment(s) addate this document was signed.	option: Sprember (0,	2019	, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 days after at	nendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory partment of State's records.	filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of vo	tes cast for the amendme	ent(s)
• •	roved by the shareholders through voting grocach voting group entitled to vote separately		lement
"The number of votes cast	for the amendment(s) was/were sufficient for	r approval	
by			
	(voting group)		
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without sharel	holder action and shareh	older
The amendment(s) was/were addaction was not required.	pted by the incorporators without sharehold	er action and shareholde	г
Dated	1/06/2019		
Signature	recjor by Sident of other officer - if directo	S or officers have not b	een
selecte	an incorporator - if in the hands of a reed fiduciary by that fiduciary)		
	(Typed or printed dame of person	n signing)	<del></del>
	Presiden	<del>\</del>	
	(Title of person signi	ing)	