

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000112122 3)))



H190001121223ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SEAMLESS GUTTER MASTERS, INC.

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 05

 Estimated Charge
 \$35.00

2019 APR -4 PM 12: 02

KECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

APR - 5 2019

FILED

2019 APR -4 PM 12: 02

Articles of Amendment Articles of Incorporation of

() () () () () () () () () () (
Articles of Re	The state of the s
SEAMLESS GUTTER MASTERS, INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P08000068077	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amonding name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Euter new principal office address, if applicable:	1711WEST 38 th PLACE SUITE # 1104
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FLORIDA, 33012
C. Enter new malling address, if applicable;	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the registered agent and/or registered office ad- new registered agent and/or the new registered office addre-	dress in Florida, enter the name of the 181
Name of New Registered Agent	
(Florida s	rreel address)
New Registered Office Address:	(Cite) , Florida (Zip Code)
	(Ciṛ) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	1 <u>t:</u> 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:

(Attoch additional sheets, if necessary)

Please now the officer/director title by the first letter of the office title:

P = Prosident; 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 Doc 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	PI	John Doe	
X Remove	Υ	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change	VP	ELBIN DEL RIO MR.	1711WEST 38th PLACE
X Add			HIALEAH, FL. 33012
Remove			
2) Change			
X Add			-
X Remove			
3) Change			
Aðd			
Remove			
4) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
Kemove			
3) Change			
Add			
Remove			
O Charac			
5) Change	<u></u>		
Add			
Remove			

 If needing or adding additional Artic (Attach additional sheets, if necessary). 	(Be specific)
	•
- Company of the Comp	
If an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)	unge, reclassification, or cancellation of insued shares, descend in the amendment itself:
LBIN OEL RIO JR, PRESIDENT 9	% 30
LBIN DEL RIO MR, VICE PRESIDENT	% 40
INDY DIAZ E, MRS , REGISTER AGEN	IT % 30

•

The second second	04-04-2019	
The date of each amendment date this document was signed.		, if other than the
the time document in a signed.	04-04-2019	
Effective date if applicable:	(no more than 90 days after amandment file date)	
	(no more than 90 days after amondment file date)	
	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the stareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
☐ The amendment(s) was/were noist be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote superately on the amondment(s);	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were aution was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
04-04	-2019	
Dated	(20)	
Signature	Elithon .	
(B)	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ELBIN DEL RIO JR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	