## P0900007348

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10: Amendment Section Division of Corporations

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NAME OF CORPORATION: RUBBER SUFFICE SULFACES (NC.				
DOCUMENT NUMBER: P.09.000073148				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following				
Name of Contact Person				
120 S AJOKA AVENUE				
AVOL PALM F 33615				
City/ State and Zip Code  AND E geoder N. nel-  E-mail address to be used by future annual report notification)				
For further information concerning this matter, please call.				
TIBMAS SIMPSON =1,863, 443 0710				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P O. Box 6327 Clifton Building Tallahassee, Ft. 32314 Compared to the Compared to t				

## Articles of Amendment

Articles of Incorporation

·	(Document Number 06, Florida Statutes, thi	,	nown) rporation adopts the following amendment(s
A. Hamending name, enter the new name	of the corporation;	nal Ado	ROOFING INC The non
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	o the ward "corporate on "Corp," "Inc," or	an," "company," "Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)			
C. Enter new mailing address, if applicat (Mailing address <u>MAY BE A POST OF</u>			
1). If amending the registered agent and/o new registered agent and/or the new re-			nter the name of the
Name of New Registered Agent			
_	(Florida :	(ree) address)	
New Registered Office Address		в <sup>с</sup> иу.	, Flonda //Zip Coder
New Registered Agent's Signature, if chan thereby accept the appointment as registere			e obligations of the position
	Signature of New	Registered Agent, i	f changing

FILED

2018 JUN 25 P 2: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA 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 Emancial Officer, If an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be P1D.

Changes should be noted in the following manner, Currently John Doe is listed as the PSI 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.

Example:

Example: \( \sum_C \) Change	<u>PT 1</u>	l <u>ohn Do</u> e	
X Remove	<u>y</u> 2	Mike Jones	
_X Add	<u>SV</u> _ S	Sally: Smith	
Jype.of_Action (Check One)	_I iilje	Name	VdqTe3v
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change			<del></del>
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, it necessary).	(Be specific)
	<del></del>
+	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchi	unge, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(i) not applicable, indicate NA)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed	
Effective date if applicable:	
(no more than 90 days af	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records	atory filling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
he amendment(s) was were adopted by the shareholders. The number by the shareholders was were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was were approved by the shareholders through voti must be separately provided for each voting group entitled to vote sepa	
"The number of votes east for the amendment(s) was/were sufficie	nt for approval
by	
(voting group)	
☐ The amendment(s) was were adopted by the board of directors without section was not required.	hareholder action and shareholder
☐ The amendment(s) was were adopted by the incorporators without share action was not required	holder action and shareholder
Dated6-15-16	
Signature Mark	//
By a dipeter, president or other officer - if the selected, by an incorporator - if in the hands 6 appointed fiduciary by that fiduciary)	
THOMAS SI	MSal
(Typed or printed name of p	erson signing)
PKS	
(Title of person	signing)