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.

(((H13000012623 3)))



H130000126233ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LICENSES FTC INC

Account Number : 120070000159

Phone : (239) 777-1028 Fax Number : (877) 275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPF ROOFING SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

'JAN 1 7 2013

mend

T. LEWIS

(((H1000012623 3)))

(((H13000012623 3)))

TO: Amendment Secti Division of Corpo			
NUMB OF CORROR	ATION: SPF Roofin	na Systems. Ind	.
NAME OF CORPOR	ER: P1000009470)2	
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Lisa Adams	*	
		Name of Contact Person	
	Licenses Etc.		
	000 440th A.m. N	Firm/ Company	
	886 110th Ave. I		***************************************
	Naples, FL 3410	Address	
	1145100, 120110	City/ State and Zip Code	***************************************
Su.	anart@liaanaasa		
<u> </u>	oport@licensese E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Lisa Adams	<u></u>	at (239	777-1028 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irliment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	endment Section sion of Corporations		ment Section on of Corporations
	Box 6327		Building

Tallaliassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Fm:Licenses, Etc - 1-877-275-3593 (18506176

(18506176380) 1/1//2013 10:59:55 AM PAGE

1/001

Fax Server



January 17, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SPF ROOFING SYSTEMS, INC. 3210 SE 10TH ST. UNIT 5-D POMPANO BEACH, FL 33062

SUBJECT: SPF ROOFING SYSTEMS, INC.

REF: P10000094702

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

FAX Aud. #: H13000012623 Letter Number: 413A00001348

RECEIVED
13 JAN 17 AM 8:09

(((H13000012623 3)))

Articles of Amendment to Articles of Incorporation



	of	MALLATINEY DE
PF Roofing Systems, In	C.	ALLAHASSEE, FL
(Name of Corporation as cur	rrently filed with the Florida Dept. of S	tate)
10000094702	•	
(Document No	umber of Corporation (if known)	
suant to the provisions of section 607.100 Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s)
If amending name, enter the new name	of the corporation:	
		The new
ne must be distinguishable and contain orp.," "Inc.," or Co.," or the designation of "chartered," "professional association	on "Corp." "Inc." or "Co". A profession	
Enter new principal office address, if a incipal office address MUST BE A STRE		
Enter new mailing address, if applicab	ole:	
(Mailing address MAY BE A POST OF)		
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		
	(Floridu street address)	
New Registered Office Address:	(Floridu street address) (City)	, Florida

Signature of New Registered Agent, if changing

• (((H13000	012623	3)))
-------	--------	--------	------

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 = Treusurer; 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: 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	Address	
1) Change	Р	Michael Trussell	3210 SE 10th St. #5D	
Add			Pompano Beach, FL 33062	
XRemove				
2) Change	D	Enrique Matta	3210 SE 10th St. #5D	
X Add	-		Pompano Beach, FL 33062	
Remove				
3) Change				
Add			g g = 1100 (0.0) (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
Remove		•		
4) Change				
Add		•		
Remove		·		
5) Change				
Remove			and the second s	
6) Change				
Add		•		
Remove		•		

Page 2 of 4

(((H1000012623 3)))

(((H13000012623 3)))

ttach additional sheets, if necessary).	(Be specific)		
		TIG. 20 hTMT000 https://doi.org/10.001/10.001/10.001/10.001/10.001/10.001/10.001/10.001/10.001/10.001/10.001/10	- Names and the state of the st
	•		

,			
			
	· · · · · · · · · · · · · · · · · · ·		···
an amendment provides for an exch	nange, reclassification	or cancellation of issued share	es,
provisions for implementing the ame	ndment if not contain	ed in the amendment itself:	
orovisions for Implementing the ume (if not applicable, indicate N/A)	ndment if not contain	ed in the amendment itself:	
provisions for implementing the ame	ndment if not contain	ed in the amendment itself:	
provisions for implementing the ame	endment if not contain	ed in the amendment itself;	
provisions for implementing the ame	ndment if not contain		
provisions for implementing the ame	endment if not contain		
provisions for implementing the ame	endment if not contain		
provisions for implementing the ame	endment if not contain		
provisions for implementing the ame	endment if not contain		

(((H13000012623 3)))
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement nest be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 01/10/2013
Signature
(Ey a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Michael Trussell
(Typed or printed name of person signing)
President
(Title of person signing)