P12000021130

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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Amend 10 921/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HUTTICANE KOOFING, INC
DOCUMENT NUMBER: P120000 27730
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marvin MowATT Name of Contact Person Marvin MowATT, CAA Firm/Company 1880 N. Longress Ave, STE 218 Address
Name of Contact Person
MARVIN MOWATT, CPA
Firm/Company
1880 N. Congress Ne, STE 218
Boynton Beach, Fl 33426 City/State and Zip Code
City/ State and Zip Code
Admin C Mow ATT CPA, WM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 282 6298 Area Code & Daytime Telephone Number
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) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
— Rallahassee, FL 32314 Chiloff Building 2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment



HUrricane Roofing, INC (Name of Corporation as currently filed with the Florida Dept. of S	TR SEP 25 AM 8: 2:
HUTTICANE ROOFING, INC (Name of Corporation as currently filed with the Florida Dept. of S	"CI" 25
(Name of Corporation as currently filed with the Florida Dept. of S	~ AM o
	tate)
P120000 277 30	
(Document Number of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Co</i> Articles of Incorporation:	rporation adopts the following amendment
If amending name, enter the new name of the corporation:	
N/A	
me must be distinguishable and contain the word "corporation," "company,"	The new
Corp" "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professiord "chartered," "professional association," or the abbreviation "P.A."	or incorporated or the aboreviation and corporation name must contain the
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
If amending the registered agent and/or registered office address in Florida, e	ter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered AgentN	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Office Address:	
	·
ereby accept the appointment as registered agent. I am familiar with and accept th	e 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. 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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	•
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One) Change Add Remove	<u>Title</u>	Name EDUArdo Benn	Address 11732 South Brece Wellington, F13344
2) Change Add Remove			•
3) Change Add Remove			
4) Change Add Remove		<u></u>	
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	icles, enter change(s) (Be specific)	N/A	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not contain	, or cancellation of issued shares, ed in the amendment itself:	
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provisions for implementing the ame	nange, reclassification ndment if not contain	, or cancellation of issued shares, led in the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not contain	, or cancellation of issued shares, led in the amendment itself:	

The date of each amendment(s) adoption: September 21, 2012
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 must 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 September 20, 2012
Signature
(By 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)
EDUArdo VAlle
(Typed or printed name of person signing)
President
(Title of person signing)