P12000032173

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
, (Do	ocument Number)	
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Mend



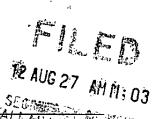
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ALLIED RC	OFING OF NAF	PLES INC
DOCUMENT NUMBE	R: P1200003217	3	
	Amendment and fee are sul		
Please return all corresp	ondence concerning this mat	ter to the following:	
		JUAN LOPEZ	
_		Name of Contact Person	l
		ALLIED ROOFIN	IG OF NAPLES INC
_		Firm/ Company	
		3460 19TH AVE	SW
_		Address	
		NAPLES, FL 34	4117
-		City/ State and Zip Code	
		ALPHAAPSIN	C@GMAIL.COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information JUAN LOF	concerning this matter, pleas	se call: _at (239	, 825-5595
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
. \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



ALLIED ROOFING OF NAPLES INC

nt(s) to

	currently filed with the Flo	orida Dept. of State	ALLATATORS CHOPEN
	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corpor	ration adopts the following amendn
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional	The ne "incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address,		3460 19TH	AVE SW
(Principal office address <u>MUST BE A S</u>		NAPLES, F	L 34117
 C. Enter new mailing address, if appliance (Mailing address MAY BE A POST of the Mailing address of the Mailing address, if appliance (Mailing address, if appliance of May BE A POST of the Mailing address, if appliance (Mailing address) if appliance (Mailing address)	<u>OFFICE BOX</u>) <u>d/or registered office addre</u>	ess in Florida, enter	the name of the
Nume of New Negistered Agent	3460 19TH AVE	SW	··
New Registered Office Address:	(Florida stree	et address)	Florida 34117
	(City)		(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the ob	ligations of the position.

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Р	JUAN LOPEZ	3460 19TH AVE SW
Add			NAPLES, FL 34117
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		-
		·
		•
an amandment provides for an eval	homes weekeniffeetien on on colletten of issued shows	
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s)	adoption: 8/24/12
Effective date if applicable:	8/24/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 8/24/1	2
Signature	lean
(By a	director; procident or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
арроп	nted fiduciary by that fiduciary)
	JUAN LOPEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)