P12000058836

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TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: EAGLE OF THE F	KEYS ROOFING CONTRA	ACTORS INC
DOCUMENT NUM	P12000058836		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cort	respondence concerning this mat	tter to the following:	
	JORGE LARA LUGO		
		Name of Contact Person	1
	EAGLE OF THE KEYS RO	OFING CONTRACTORS	INC
	5.5.6 (ALL) 400 ALL 1417	Firm/ Company	
	230 SW 5TH AVE		
		Address	
	FLORIDA CITY, FL 33034		
		City/ State and Zip Code	3
pat	tysacctax@live.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
JORGE LARA LU	GO	at (967-1442
Nam	e of Contact Person		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)
A D P	Mailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently fried with	the riorida Dept. of State)
P12000058836	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Provisions</i> of Incorporation:	ofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A priword "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	rida enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and ac	ecept 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:

(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		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	S	MATILDE LOPEZ	230 SW 5TH AVE	
X Add			FLORIDA CITY, FL 33034	
Remove				
2) Change	VP	JAHNN MICHAEL LOPEZ	230 SW 5TH AVE	
X Add			FLORIDA CITY, FL 33034	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

famending or adding additional.Arti Attach additional sheets, if necessary).	(Be specific)			
	_			
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification	on, or cancellatio	n of issued shar	es,
(if not applicable, indicate N/A)	nament ii not conta	ineu <u>ni the amen</u>	ument usen.	
	 -			
				_
		<u> </u>		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed:	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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 case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE 29,	2018	
Dated		
Signature /		_
selecte	director, president 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 need fiduciary by that fiduciary)	
	JORGE LARA LUGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	