

Division of Corporations

9/9/20, 5:31 PM

**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.  
 Account Number : I20140000049  
 Phone : (786)837-6787  
 Fax Number : (305)718-0687

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

Email Address: Gaby@epgdlaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**HURRICANE ROOFING OF FLORIDA, INC**

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

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DIRECT FAX: (305) 718-0687  
Gaby@EPGDLaw.com

September 4, 2020

Via Facsimile

Florida Department of State  
Division of Corporations  
Fax: (850) 617-6383

**Re: Hurricane Roofing of Florida, Inc – Articles of Amendment**

To Whom it May Concern,

Enclosed please find the Articles of Amendment for Hurricane Roofing of Florida, Inc. Should you have any questions or concerns regarding anything in this letter, please do not hesitate to contact me at the address or phone number herein.

Best Regards,

/s/ Gabriella Ledbetter  
Gabriella Ledbetter, Esq.  
For the Firm

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DIVISION OF CORPORATIONS  
SEP 10 PM 4:36

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Hurricane Roofing of Florida, Inc.

DOCUMENT NUMBER: P12000103649

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriella Ledbetter, Esq.

Name of Contact Person

EPGD Attorneys at Law, P.A.

Firm/ Company

777 SW 37th Ave #510

Address

Miami, FL 33135

City/ State and Zip Code

Gaby@epgdllaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriella Ledbetter

at ( 786 )

837-6787

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

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$53.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

HURRICANE ROOFING OF FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000103649

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "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 Florida, enter the name of the new registered agent and/or the new registered office address:**

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 accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 DIVISION OF CORPORATIONS  
 20 SEP 10 PM 4:36

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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Director	McGroyer Commercial Capital LLC	2810 S. Le Jeune Road Coral Gables, FL 33134
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			



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 after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)"

Dated \_\_\_\_\_

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)

Sean McGrover

\_\_\_\_\_  
(Typed or printed name of person signing)

Director and Officer

\_\_\_\_\_  
(Title of person signing)