# P13000000000999

(Re	questor's Name)	
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SECRETARY OF SIMILAR TO SECRETARY OF STATE

Amend n.31.14

### **COVER LETTER**

NAME OF CORPORATION: DMA ROUGING Corporation  DOCUMENT NUMBER: P1300026229  The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
rease return an correspondence concerning this matter to the following:			
Tamva DaviS  Name of Contact Person			
DMA Roufing Corporation			
Firm Company 1717 5W 15+Way #18			
Delryeld Beach Fl 33441			
City/ State and Lip Code			
E-mail address: (to be used for future annual report notification)			
E-man address. (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Tamra Davis at 954, 531-1456			
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			

#### **Mailing Address**

TO: Amendment Section

**Division of Corporations** 

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

## **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment

to

Articles 0	of incorporation	
DMA ROOGNA	Carporation	
(Name of Corporation as currently filed with t	the Florida Dept. of State)	
P130000262	779	
(Document Number of Corporati	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	Th	ie new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	oration," "company," or "incorporated" or the abbre or "Co". A professional corporation name must cont	eviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		4.2
C. Enter new mailing address, if applicable:	*	
(Mailing address MAY BE A POST OFFICE BOX)		古髓
		o i
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		<b>क</b> र
Name of New Registered Agent	<u> </u>	
(Floric	ida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am fami		
Signature of New Registe	ered 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>	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	D	Eduardo Calvet	114 SE 13th St Deerfield Beh FC 33441
Remove  2) Change  Add	D	Melvin Stewart	3400 Charleston Blvd Ft. Lauderdale FC 33312
Remove 3) Change Add			
Remove  4) Change Add			
Remove  5) Change Add			
6) Change			
Remove			

	ary). (Be specific)
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If an amendment provides for ar	n exchange, reclassification, or cancellation of issued shares,
provisions for implementing the	e amendment if not contained in the amendment itself:
If an amendment provides for an provisions for implementing the (if not applicable, indicate N	e amendment if not contained in the amendment itself:
provisions for implementing the	e amendment if not contained in the amendment itself:
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provisions for implementing the	e amendment if not contained in the amendment itself:
provisions for implementing the	e amendment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than th
date this document was signed. $\frac{1}{1} = \frac{1}{1} = 1$	
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	
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	
Signature AMA DWS	
(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)	
Tamra Davis	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	