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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: DMA	Roofing C	orporation
DOCUMENT NUMB	012	0000 26229	, <b>,</b> ,
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Tamra	Name of Contact Person	91 ,
-	DMA	KOOLINA (	orporation
-	/348 5	E 741 51	
-	Derfi	eld beh F	L 33441
	1 .	City/ State and Zip Cod	e
	E-mail address: (to be us	HNG (O) COM sed for future annual report	MSt. MT /
For further information	concerning this matter, pleas	se catl:	
	<del> </del>	at (	_)
Name o	f 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)
	ing Address		Address
	idment Section ion of Corporations		Iment Section on Corporations
P.O.	Box 6327	Clifton	Building
Talla	hassee, FL 32314		executive Center Circle assee, FL 32301

## Articles of Amendment to

Art	ticles of Incorp	oration			
DMA RODGIA	A ("NY	TAKED FIR	$\checkmark$		
(Name of Corporation :	as currently fil	ed with the Florida I	Pent of State)		
N 1 27	$0.6 \times 0.7$	1779	rept. or state		
9100	<u> </u>	DXX)			
(Document	t Number of Co	rporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Flor	rida Profit Corporatio	n adopts the fol	lowing amendme	nt(s) to
A. If amending name, enter the new name of the corpo	oration:				
				The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "Co"	'. A professional corp			
B. Enter new principal office address, if applicable:				. =====================================	
(Principal office address MUST BE A STREET ADDRE	ESS)			00	
	-				-17
	_			$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	1
					[]
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<u>ښ</u>	\
(maining dualess MAT DE ATOST OFFICE DOX)	<del>-</del>			<del></del>	1
	_			<del>-</del>	-
	-				
D. If amending the registered agent and/or registered		in Florida, enter the	name of the		
new registered agent and/or the new registered offi	ice address:				
Name of New Registered Agent					
	(Florida street a	(ddress)			
Name Description of Office Addresses			PL 24.		
New Registered Office Address:	(City		Florida	(Zip Code)	
	•			,	
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered agent. I an		and accept the obliga	tions of the posi	tion.	
<del></del>	CN. D.				
Signatui	re of New Regis	tered Agent, if changi	ng		

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	192 SE 10thCt Derfield Bch, FC
Remove	*	NI I ( a Slower	3344/
2) Change Add	1	Melvin Stewart	3400 Charleston Blvc F7 Lauderdale, FC
Remove			33312
3 ) Change			
Remove			
4) Change		<del></del>	
Add			
5) Change Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	(Be specific)
<del></del>	<del>.</del>
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angular description of the angular descript
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: $\frac{10/3/17}{}$ , 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 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 $\frac{10/3/17}{}$ .
Signature Jama Savis
(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)
TamraDavis
(Typed or printed name of person signing)
President
(Title of person signing)