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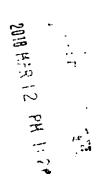
(Requestor's Name)
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COVER LETTER

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TO: Amendment Sect Division of Corp					(2)
	RATION: YOBANYS ROOF	FING INC	7.00		
DOCUMENT NUM	BER: CC8161540807		<u> 3000</u>	005/301	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following	ā:		
	YOBANY MOLLINEDO				
		Name of Contac	ct Person		
	YOBANY'S ROOFING INC				
Firm/ Company					
	234 NW 6TH AVE				
		Address	S		
	HOMESTEAD FL 33030				
		City/ State and 2	Zip Code		
YOB	ANYSROOFING@HOTMA	IL.COM			
	E-mail address: (to be u		al report n	otification)	
For further informatio	n concerning this matter, plea	se call:			
YOBANY MOLLINI	EDO	at f	786	217- 55 84	
Name	of Contact Person		Area Code	& Daytime Telephone Number	_
Enclosed is a check for	or the following amount made	payable to the Flori	ida Depart	ment of State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)	y*	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327		Division Clifton I	ent Section of Corporations building	
Tall	ahassee, FL 32314		- 2661 Ev	ecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



YOBANY'S ROOFING INC

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
CC8161540807				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
N/A		The new		
	nation "Corp." "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		234 NW 6TH AVE		
		HOMESTEAD, FL 33030		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		234 NW 6TH AVE		
		HOMESTEAD FL 33030		
D. If amending the registered agent an new registered agent and/or the ne				
Name of New Registered Agent	KAREN MORALES			
мате од меж кедметси муст	29617 SW 162ND AVE			
	(Florida :	(treet address)		
New Registered Office Address:	HOMESTEAD	, Florida 33033		
<u></u> .		(City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agei	nt:		
		with and accept the obligations of the position.		
	1	> ¹⁽		
	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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		7.	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an excha	ange, reclassifica	tion, or cancell	ation of issued s	<u>hares,</u>	
provisions for implementing the amen (if not applicable, indicate N/A)	idment if not con	itained in the a	<u>mendment itself:</u>	<u>.</u>	
.				 	
			_		
				<u></u>	

The date of each amendment(s) adoption:	_, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
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 east 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	
Signature (1) life 1 ha	
(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)	
YOBANY MOLLINEDO	
(Typed or printed name of person signing)	
OWNER	
(Title of person signing)	