P14006000055

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| · (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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October 23, 2017

CHRISTINE GRUBER PO BOX 159 LEHIGH ACRES, FL 33970

SUBJECT: ECONOMICAL ROOFING, INC

Ref. Number: P1400000055

We have received your document for ECONOMICAL ROOFING, INC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$5.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

ADCIDING DO

Letter Number: 617A00021361

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: ECONOMICAL R | OOFING, INC | |
|---|---|--|--|
| DOCUMENT NUMB | P14000000655 | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | pondence concerning this ma | tter to the following: | |
| | CHRISTINE GRUBER | | |
| - | | Name of Contact Person | 1 |
| | ROBERT BOWERS ACCO | UNTING. INC | |
| - | | Firm/ Company | |
| | P.O.BOX 159 | | |
| - | | Address | · · · · · · · · · · · · · · · · · · · |
| | LEHIGH ACRES, FL 33970 | ı | |
| • | - · - · - · - · - · · - · · · · · · · · | City/ State and Zip Cod | e |
| CHRI | STINE@BOWERSACCOU | NTING.COM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| | | | |
| For further information | concerning this matter, pleas | se call: | |
| CHRISTINE GRUBE | R | at (239 | 368-1505 |
| Name of Contact Person | | Area Co |) 368-1505 de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| S35 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 | | Amenc Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

FILED

Articles of Amendmen 47 NOV -7 PH 2: 31

Articles of Incorporation ECRETARY OF STATE of TALLAHASSEE FLORIDA

| ECONOMICAL | DOORING | INC |
|--------------|-----------|------|
| P.C.ONOMICAL | KUUT INU. | 1:NU |

| ECONOSIICAE ROOTING, INC | |
|--|--|
| · · · · · · · · · · · · · · · · · · · | on as currently filed with the Florida Dept. of State) |
| P1400000055 | |
| (Docum | ent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | rporațion: |
| | The new |
| | I "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u> | |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | <u>Y</u>) |
| | |
| | |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of | |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Regi | istered Agent: I am familiar with and accept the obligations of the position. |
| The control of the state of the | |
| | |
| | |
| Signe | iture 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 | <u>PT</u> | John De | <u>oe</u> | | |
|----------------------------|--------------|-------------|-------------------|-----------------|--|
| X Remove | <u>V</u> | Mike Jo | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address | |
| 1)Change | D | | WALEE THONGCHAMPA | 1405 ALAN AVE S | |
| X Add | | | | LEHIGH ACRES | |
| Remove | | | | FLORIDA 33976 | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |

| F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|---|-------|
| N/A | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued sha | ires, |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
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| date this document was signed | | , if other than the |
|--|---|--|
| Effective date if applicable: | OCTOBER 16TH, 2017 | |
| | (no more t | han 90 days after amendment file date) |
| Note: If the date inserted in document's effective date on | this block does not meet the a | applicable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/we by the shareholders was/w | cre adopted by the shareholders. | . The number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/we must be separately provide | ere approved by the shareholder led for each voting group entitle | s through voting groups. The following statement ed to vote separately on the amendment(s): |
| "The number of vote | es cast for the amendment(s) was | s/were sufficient for approval |
| by | (voting group) | .,, |
| | (voting group) | |
| The amendment(s) was/we action was not required. | re adopted by the board of direc | ctors without shareholder action and shareholder |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators | without shareholder action and shareholder |
| OCT Dated | 16TH, 2017 | |
| Dated | | —————————————————————————————————————— |
| Signature _ | | |
| sc | By a director, president or other elected, by an incorporator – if i ppointed fiduciary by that fiduc | officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary) |
| | KHON SINSEVEE | |
| | (Typed or prin | nted name of person signing) |
| _ | PRESIDENT | ų " |
| · | (T | itle of person signing) |