P14000047155

(Re	equestor's Name)	
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: JDF Construction and Roofing group Indocument number: P1400047155
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yordanys Hector Name of Contact Person
JDF Construction and Roofing group Inc.
2156 Sunset Terrace Drive
Orlando Florida 32825 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yordanys Hector at 407,765-2118 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 Certificate of Status Certified Copy (Additional copy is enclosed) □ \$35 Filing Fee & □ \$352.50 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 of Incorporation

of \

(Name of Corporation as currently filed with the Flori	outing Group I	-nc.	
ONLOCO GLEE	ida Dept. of State		
P1400001155		_	
(Document Number of Corporation (if kn	iown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following	ıg amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	ew.
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co' word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must		
B. Enter new principal office address, if applicable:		_	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		_	<u> </u>
-	, , , , , , , , , , , , , , , , , , , ,	- =	¥SE
-	.	- 8	뎦뜵
C. Enter new mailing address, if applicable:			유로
(Mailing address MAY BE A POST OFFICE BOX)			20 Y C
		P# 2	PCN F S.1
-		- <u>'</u>	ATIC
-		_ W)
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 Yordanys	lector_		
256 Surset Te	crace Drive		
New Registered Office Address: Orlando (City)	, Florida 32825 (Zip Code)	. –	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am Jantiliar with Signature of New Registered Agen	and ascept the obligations of the position. nt, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_P</u>	Meredith SAlAma	13 Baltimore Place
Add			Palm Coast FL
Remove			32137
2) Change	P	Yordanys Hector	21510 Sunset Ferroce
Add		J	Drive
Remove			Orlandoff 32825
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
	-
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
MA	
<u>'</u>	-
· · · · · · · · · · · · · · · · · · ·	
	·····

The date of each amendment	(s) adaption	SECRETARY	EU OF STATE ORPORATIONS	, if other than th
date this document was signed.		J1 1 10 10 1 1 1		, ii odici dian di
Effective date if applicable:	11-12-14	14 NOV 14	PM 2: 13	
		00 days after amendment file d	ate)	<u> </u>
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The sufficient for approval.	e number of votes cast for the	amendment(s)	
	e approved by the shareholders three d for each voting group entitled to			
"The number of votes	cast for the amendment(s) was/we	re sufficient for approval		
by <u>1025</u>	comus Hector	."		
- J <u></u>	(voting group)	,		
The amendment(s) was/wer action was not required.	e adopted by the board of directors	s without shareholder action ar	nd shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators with	hout shareholder action and sh	areholder	
Dated	1.12.14			
Signature	NOV	4/1		<u></u>
se	y a director, president or other offi lected, by an incorporator – if in the pointed fiduciary by that induciary	e hands of a receiver, trustee,		
	Yordanus (Typed or 1	printed name of person signing	g)	
	Sec	cotani		
	(Ti	tle of person signing)		