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VOPET OF FERSION OF THE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AMADOR ROOF	ING CORP	
	BER: P15000030912		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RICHARD AMADOR		
		Name of Contact Person)
	AMADOR ROOING CORP		
		Firm/ Company	
	7687 W 18 LN		
		Address	
	HIALEAH, FL 33014		
		City/ State and Zip Cod-	<u></u>
richa	rd@amadorroofing.com		
		sed for future annual report	notification)
	,	•	•
For further information	on concerning this matter, pleas	se call:	
RICHARD AMADO	R	305	527 5524
		at (<u>305</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations b. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee FL 32314 2661 Executive Center Circle		_	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 NOV 13 PH 3: 57

AMADOR ROOING CORP		SECRETARY NO STATE
(Name	of Corporation as curren	tly filed with the Florida Dept. of State) - WEA
P15000030912		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		TI
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,	if applicable:	N/A
Principal office address MUST BE A S		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST		N/A
). If amending the registered agent an	id/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new		<u>is:</u>
Name of New Registered Agent	N/A	
	(Florida s	treet address)
New Registered Office Address:	8200 NW 41 STREET SU	JITE 200 DORAL , Florida 33166
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(City) (Zip Code)
		(
New Registered Agent's Signature, if c	hanaina Danistanad Assas	
hereby accept the appointment as regist	rered agens. I am familiar	u: with and accept the obligations of the position.
	~ ~	1
	<u>_</u>	
	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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>v</u>	DIEGO TORRES	8200 NW 41 STREET
X Add			SUITE 200
Remove			DORAL FL 33166
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
N/A	, v-v	
<u> </u>		
-		<u>.</u>
		<u> </u>
		
_		
nrovisions for implementing the amor	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nument it not contained in the amendment itself:	
N/A		
 		
		 -

	11/01/2017	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
	1/01/2017	
Effective date if applicable:	(no more than 9t) days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	10-16-17 RL/AL	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	_
	RICHARD AMADOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	