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STORETARY OF STATE
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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mele	Kitt Roofing and General Contractor Fre
DOCUMENT NUMBER: P 15	000035296
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
W	dissa Merritt
	Name of Contact Person
Merk	eith Roufing and Jeneral Contractor Inc
	Firm/ Company
1	704 Girvin Rd
	Address
(Jacksonville F/c 32225
	City/ State and Zip Code
hellara	et 27 egmail.com
F-mail address:	(to be used for future annual report notification)
E min addiços.	to be used for future unitial report notification)
For further information concerning this matt	er, please call:
Melissa Merrit	at (904), 993-1697
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of \$	Fee & \$\sumsymbol{\Pi}\$\$\\$43.75 Filing Fee & \$\sumsymbol{\Pi}\$\$\$\\$52.50 Filing Fee \text{Certified Copy} & Certificate of Status \text{Certified Copy} & Certified Copy \text{certified Copy} & (Additional Copy \text{is enclosed})
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	Articles of Inco	orporation	STAISIUN OF CORPORATIO
Merepitt Ro	of horand fee	neral Contractor	A = a =
(Name of	Cornoration as currently	filed with the Florida Dept.	of State)
(_	or State)
	P 15 0000 35	Corporation (if known)	
	(Document Number of	Corporation (II known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new nan	ne of the corporation:		
_			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or "(Co". A professional corporat	
B. Enter new principal office address, if (Principal office address MUST BE A STI		Juni	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		Same	
D. If amending the registered agent and new registered agent and/or the new			e of the
new registered agent and/or the new			
Name of New Registered Agent	David Mer		
-	1704 Gir	eet address)	
New Registered Office Address:	Jackson	,	Florida # 32225
	((City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Jeffrey S Reynolds	13-B Ponte Verna Court
Add			Pontevedia Beauni132082
X Remove	_		
2) Change	<u>ρ</u>	David EMERIH	1704 Girvin Rd
XAdd			Jacksonville:
Remove			Florida 3 ZZZJ
3) Change	<u>S</u>	David & Merri H	1704 Girvin Rd
Add			Jackson wille
X Remove			Floride 32225
4) Change	<u>S</u>	Melissa MerriH	108 Florida BIND
Add			Neptune Beach
Remove			Florida 32225
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	Attach additional s	ling additional Articles, enter change(s) here: heets, if necessary). (Be specific)	
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		.\ \ \ \	
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	provisions for im	plementing the amendment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:	NA	, if other than the
date this document was signed.		SEURL TARY OF STATE OF CORPURATE OF
Effective date if applicable:	NIN	OF CORPURATION
and the same same same same same same same sam	(no more than 90 days after amendment file date)	2016 SEP -6 PM 2: 36
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, to f State's records.	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amend rapproval.	ment(s)
	the shareholders through voting groups. The following song group entitled to vote separately on the amendment(s)	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	,"	
(1	voting group)	
action was not required.	ne board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder	
Dated 8-30-1	4	
Signature	sa m muntt	
(By a director, proselected, by an in	esident or other officer – if directors or officers have not acorporator – if in the hands of a receiver, trustee, or otherry by that fiduciary)	
	Melissa M. Mirritt	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	