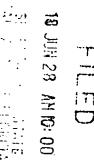


Office Use Only



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And

R. WHITE JUL 02 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	3 & BUILD., INC				
DOCUMENT NUMBER: P15000053839					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this r	natter to the following:				
HENRY W ROQUE					
	Name of Contact Person				
R&R ROOFING & BUILI	D., INC				
	Firm/ Company				
8330 NW 171 ST	_				
	Address				
HIALEAH, FL 33015		_			
	City/ State and Zip Code				
R.R.ROOFING27@GMAIL.C	ОМ				
E-mail address: (to be	used for future annual report	notification)			
For further information concerning this matter, pl	lease call:				
HENRY W ROQUE	786 at (
Name of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for the following amount made	de payable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabasson, El. 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xeentive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation υf

FILED

18 JUN 28 AM 10:00

R&R ROOFING & BUILD., INC

its Articles of Incorporation:

915000053839

(Document Number of Corporation (if known) -Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

(Florida street address) New Registered Office Address: _ (City)

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

new registered agent and/or the new registered office address:

Name of New Registered Agent

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

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

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>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>níth</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	S		AMAURIS ALONSO	13045 SW 68 ST
X Add				APT 106
Remove				MIAMI, FL 33183
2) Change	_	_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				-
6) Change				
Add		_		
Remove				

	(Be specific)			
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If an amendment provides for an exch	range reclassifica	tian ar cancellatia	n of icenad charac	
	ndment if not con	tained in the amen	dment itself:	
provisions for implementing the ame				
provisions for implementing the amer (if not applicable, indicate N/A)				
provisions for implementing the ame	<u>,</u>			
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame		_		
provisions for implementing the ame				
provisions for implementing the ame				
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provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 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 very Department of State's records.	vill 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 cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	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	
06/25/2	2018	
Dated		
Signature	4//5	
/ (By	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court sointed fiduciary by that fiduciary)	
арр		
	HENRY W ROQUE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	