# P15000619

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R. WHITE

# COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	INTEGROTY ROOF	FING & GUTTERS	, LLC		
DOCUMENT NUMBER:	P15000	066269	_ <del></del>		
The enclosed Articles of Amendme	nt and fee are submitted fo	or filing.			
Please return all correspondence co	ncerning this matter to the	following:			
	EVELYN R	GONZALEZ EA			
	Name of Contact Person				
A	ACCOUNTING CENTER FOR SMALL BUSINESS LLC				
Firm/ Company					
5701 DOGWOOD DR					
Address					
	ORLANDO FL 32807				
_ <del>_</del>	City/ State and Zip Code				
	ACCO	RL@AOL.COM			
E-mail:	address: (to be used for fut	ure annual report no	etification)		
For further information concerning	this matter, please call:				
EVELYN T GONZALEZ EA		_ at (	281-0227		
Name of Contact Person		Area Code	& Daytime Telephone Number		
Enclosed is a check for the following	ng amount made payable to	the Florida Depart	ment of State:		
	ficate of Status Certi (Add	75 Filing Fee & fied Copy (tional copy is osed)	□\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

### Articles of Amendment

# Articles of Incorporation 15 NOV -4 PH 1: 59

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## INTEGRITY ROOFING & GUTTERS, INC.

# (Name of Corporation as currently filed with the Florida Dept. of State) P15000066269 (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) 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 (Florida street address) New Registered Office Address: Florida (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	<u>PT</u>	John Doe		
X Remove	Ā	Mike Jones		
<u>X</u> Add :	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1)Change	PT	WALTER FLORES	1700 WOODBURRY RD APT 290	
X Add			ORLANDO FL 32828	
Remove				
2) X Change	VP	CHANTELLE FERNANDEZ	12448 WOODBURRY COVE DR	
Add			ORLANDO FL 32828	
Remove				
3)Change				
Add				
Remove			<del></del>	
4) Change				
Add		•		
Remove				
_				
5) Change				
Add				
Remove				
6)Change				
Add				
Damous				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	,
	,

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amena	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
11/2/2015 Dated	
Signature Quarter Harr	<u> </u>
(By a director, president or other officer - if directors or selected, by an incorporator - if in the hands of a receiv	
appointed fiduciary by that fiduciary)	, B.D. , 01 0.001
WALTER FLORES	
(Typed or printed name of person sig	ening)
PRESIDENT	
(Title of person signing)	<del></del>