P15000089532

(Requestor's Name)	
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COVER LETTER

Division of Corporations NAME OF CORPORATION: OVER THE TOP ROOF REPAIR INC. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person OVER THE TOP ROOF REPAIR
Firm/Company SW ELLIPSE WAY UNIT A-12 INFO OVERTHETOPROOFREPAIR. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SOHN SAMISON at (772) 888 - 6535

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 ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

Articles of Amendment Articles of Incorporation

OVER THE TOP ROOF REPAIR INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P15000089532

(Document Number of Corporation (if known)

its Articles of Incorporation: A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.z	"company," or "incorporated" or the abbreviation A professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7805 SW ELLIPSE UNIT A-12 STUAKT FL 3499	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7805 SW ELLIPSE UNIT A-12 STUART FL 3499	WAY
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		7070 AUG
Name of New Registered Agent	street address)	24 AH
(Florida	street address)	= (-)
New Registered Office Address:	(City) , Florida (Zip Co	<u>ယ</u> de) ^{UT}
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		
Signature of New	Registered Agent, if changing	
Check if applicable		

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change			JAMES JIMENEZ	9300 SE CALLE AVE
X_ Add				HUBE SOUND
Remove				<u>FL. 33455</u>
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	eets, if necessary).	(ne specific)			
	N/A				
<u>.</u>					
	-	<u> </u>			
					<u> </u>
rovisions for impl	ovides for an exchainmenting the ameno le, indicate N/A)	nge, reclassification	on, or cancellati	on of issued share ndment itself:	<u>s,</u>
	N/A				
			 ·	· · · · · · · · · · · · · · · · · · ·	

	ch amendment(s) adoption: AUCUST 18th 2020	, if other than
uate uns docum Effective date j	· ·	
Effective date j	(no more than 90 days after amendment file date)	
Note: If the dadocument's effe	ate inserted in this block does not meet the applicable statutory filing requirements, this date weetive date on the Department of State's records.	ill not be listed as
Adoption of A	mendment(s) (CHECK ONE)	
The amendm action was n	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action an of required.	d shareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) cholders was/were sufficient for approval.	
☐ The amendm must be sept	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):	
"The n	number of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	Dated Aug 16th 2020 Signature August	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	JOHN SAMISON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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