P15000 98303

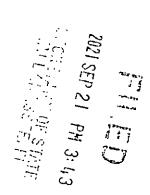
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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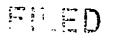
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Hurricane Rooting	Solutions Corp.		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	John J. McGlynn III			
		Name of Contact Persor	1	
	Law Offices of John J. McGlynn III			
		Firm/ Company		
	729 S.W. Federal Highway,	Suite 102		
	<u></u>	Address		
	Stuart, Florida 34994			
		City/ State and Zip Code	2	
	jmcglynn@southFLLawfirm	com		
		sed for future annual report	notification)	
For further informatio John J. McGlynn III	n concerning this matter, pleas		600-5115	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section sion of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation



2021 SEP 21 PM 3: 43

Turricane Rooting Solutions Corp.	
(Name of Corporation	n as currently filed with the Florida Dept. of State) 11 OF STATE
P15000098303	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
). If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	
Name of New Registered Agent	
rane of the regimered rigeni	
	(Florida street address)
	(1 tortal so certain ess)
New Registered Office Address:	, Florida (City) (Zip Code)
	reny rzup coder
New Registered Agent's Signature, if changing Regis	stored Agent'
	am familiar with and accept the obligations of the position.
	CV D :
Signat	ture of New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (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)

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Jose Luis Argueta	2481 SE Mariposa Avenue
Add			Port St. Lucie, Florida 34994
X Remove			
	D	Ruben Serrano	205 South 29th Street
Add			Fort Pierce, Florida 34947
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

	eets, if necessary).	icles, enter change((Be specific)	_ 		
					
_ 		<u>.</u>	<u> </u>		

,					
<u> </u>			•	-	
	 				
		<u>.</u>			
	 _				<u> </u>
f an amendment r	rovides for an excl	nange reclassificati	on, or cancellation	of issued shares	
provisions for ima	lementing the ame	ndment if not cont	ained in the amend	ment itself:	
(if not applica	ole, indicate N/A)				
					
				<u>-</u> .	
-					
		· · · · · · · · · · · · · · · · · · ·			, to 14 = 10 to 1
					M 11 = W 18
					

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	January 1, 2021	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Ja	nuary 1, 2021	
Effective date <u>if applicable</u> :	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this document's effective date on the I		atory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of c	lirectors without shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	pproved by the shareholders through voti or each voting group entitled to vote sepa	
"The number of votes ca	st for the amendment(s) was/were sufficie	ent for approval
by		••
., <u> </u>	(voting group)	
Dated	7-16-2021	
Signature	John mily	
(By a selec	director; president of other officer – if di led, by an incorporator – if in the hands of med liduciary by that fiduciary)	rectors or officers have not been fa receiver, trustee, or other court
	John J. McGlynn III	
	(Typed or printed name of p	erson signing)
	Director	
	(Title of person signing)	

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