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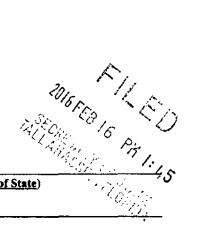
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROBMAR HIGHR	ISE RESTORATION, INC				
DOCUMENT NUMB	ER: P16000008018					
	f Amendment and fee are sul	bmitted for filing.				
Please return all corresp	pondence concerning this mat	ter to the following:				
Ī	Frank John Morelli, Esq.					
_	Name of Contact Person					
1	Morelli, Nelson & Thomas, LLC					
_		Firm/ Company				
_	100 SE 5th Ave. PH-11					
	— · · · · · · · · · · · · · · · · · · ·	Address				
	Boca Raton, FL 33432					
-		City/ State and Zip Code				
frankó	@lawmnt.com					
	-	sed for future annual report	notification)			
			,			
For further information	concerning this matter, pleas	se call:				
Frank John Morelli, Esq.		at (295-9876			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:			
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
<u>Mai</u>	ling Address	Street Address				
Ame	ndment Section	Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



ROBMAR HIGHRISE RESTORATION, INC.		255K
(Name of Corporati P16000008018	on as currently filed with the Florida Dept. of State)	· Consta
(Docun	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the co	prporation:	
ROBMAR RESTORATION, INC.		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or th ," "Inc," or "Co". A professional corporation name m abbreviation "P.A."	e abbreviation ust contain the
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADI</u>	<u>)RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the loffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Projectional Office Address	, Florida	
New Registered Office Address:		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the positi	ion.
Sia	nature 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>	John Do	<u>e</u>	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addręs</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_	-	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ach additional sheets,	additional Articles, e , if necessary). (Be	specific)			
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					<u></u>
	ides for an exchange	- realossification	or concellation of	ficenad charac	
rovisions for implem	nenting the amendme	ent if not containe	d in the amendm	ent itself:	
(if not applicable,	indicate N/A)				
					······································
					~~.

The date of each amendment(s) adopt	lion:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this da ment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(sient for approval.	x)
	ed by the shareholders through voting groups. The following statement in voting group entitled to vote separately on the amendment(s):	રતાં
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
b y	, n	
•	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	ब
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated <u>0.2</u>	102/16	
Signature	/ stille	
	tor, president or other officer - if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other cour	n.
appointen	fiduciary by that fiduciary)	
Ro	bert Grochowski	
_	(Typed or printed name of person signing)	
Pre	esident	
	(Title of person signing)	