# Placocoscis

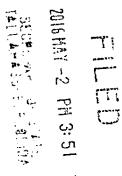
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Amendas

MAY - 3 2016 I ALBRITTON

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TION: ROBMAR RESTO	RATION, INC			
DOCUMENT NUMBER	P16000008018		·		
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.			
Please return all correspon	ndence concerning this mat	ter to the following:			
TR	ACY HOLLAND				
		Name of Contact Person			
RC	ROBMAR RESTORATION				
		Firm/ Company			
81	811 SW 14TH ST				
		Address			
PC	POMPANO BEACH, FL 33060				
		City/ State and Zip Code	;		
ROBMA	.RWATERPROOFING@Y	AHOO.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
	oncerning this matter, please				
TRACY HOLLAND		at (	788-7440		
Name of C	Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for th	e following amount made p	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)	□\$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 to Articles of Incorporation of

## ROBMAR RESTORATION, INC

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P16000008018	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc" or Co.," or the designation "Corp. word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
	The state of the s
D. If amending the registered agent and/or register	and office address in Florida enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	د ب ب
	T. or
	(Florida street address)
Now Pagistavad Office Address	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the position.
r nerety decept the appointment as regimered agent.	Tum jumina with and accept the songatione of the pectition
<del></del>	
Sign	ature 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_		<del></del>	
Add					
Remove					
2) X Change	VP		MONIKA GROCHOWSKI		3448 NW 112TH WAY
Add	PLEAS	E MAKE N	AME SPELLING CORRECTION		CORAL SPRINGS, FL 33065
Remove					
3 ) Change		_			
Add					
Remove					
4) Change	_	_			
Add					
Remove					
5) Change				_ <del></del>	
Add					
Remove					
6) Change					
Add		_		<del></del>	
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re gnaiffe)
(Attach daditional sneets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
•	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del></del>

	04/29/16	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	29/16	
Effective date <u>if applicable</u> :	( 1 00 1 0 1 .01 1.)	<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmer ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
04/29/16 Dated Signature	Sillita-	
	director, president or other officer - if directors or officers have not bee	en
	ed, by an incorporator – if in the hands of a receiver, trustee, or other co	
	nted fiduciary by that fiduciary)	
	ROBERT GROCHOWSKI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	