## P10000058831

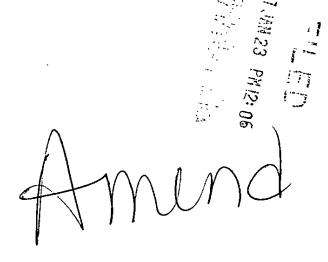
(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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JAN 24 2017 I ALBRITTON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALL ROOFING R	EPAIR GROUP CORP		
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this mat	tter to the following:		
	ALESIO CRUZ			
-		Name of Contact Person	<u> </u>	
	ALL ROOFING REPAIR GROUP CORP			
•			•	
	Firm/ Company			
-	2546 SW 8TH. STREET ATP.I			
	Address			
_	MIAMI, FL 33135			
<i>;</i>		City/ State and Zip Code	e	
alesio	cruz@hotmail.com			
w <del></del>		ed for future annual report.	notification)	
	•	,	,	
For further information	concerning this matter, pleas	e call:		
ALESIO CRUZ		at (	339-7285	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Islanseé, FL 32314	Ameno Divisio Clifton 2661 E	Address  Innert Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

ALL ROOFING REPAIR GROUP COR

ALL ROOFING REPAIR GROOF COR			
	ion as currently filed with the Florid	da Dept. of State)	
P16000058831			
(Docum	ment Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ration adopts the following	amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
		7	The new
name must be distinguishable and contain the wor "Corp." "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	" "Inc," or "Co". A professional	'incorporated" or the abb	reviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI			
		- PHE	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u> )		5)
		<u> </u>	
		<u>:</u>	
			o :
D. If amending the registered agent and/or registered new registered agent and/or the new registered		the name of the	<u>ল</u>
new registered agent and/or the new registered	office andress:		
Name of New Registured Agent		· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)		
New Registered Office Address:		, Florida_	
	(City)	(Zip Co	de)
N 5 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the ob	ligations of the position	
and a second sec	Jamina i i i i wiw weerpi the oo		
·			
Siar	vature of New Registered Agent if the	anaina	

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANTHONY M. SMITH MARTINEZ	5151 SW 6 STREET
X Add			CORAL GABLES FL 33134
Remove			
2) Change	Mari en		
Add			
Remove			
3 ) Change			
Add			water the second
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	4		
Add			
Remove			

f <u>amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	AND THE RESERVE OF THE PERSON
· · · · · · · · · · · · · · · · · · ·	
	AND THE PARTY OF T
an amendment provides for an exchorovisions 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:
***************************************	

	01/18/2017	
The date of each amendment (date this document was signed.	s) adoption:	, if other than the
	01/18/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wei	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
01/18/ Dated_	2017	
Signature	Miss	
(By sel	a director, president or other officer — if directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ALESIO CRUZ	
	(Typed or printed name of person signing)	**************************************
	PRESIDENT	
	(Title of person signing)	