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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ALL ROOFING R	EPAIR GROUP CORP			
DOCUMENT NUME					
The enclosed Articles	of .4mendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:	·		
	ALESIO CRUZ				
		Name of Contact Person	1		
	ALL ROOFING REPAIR GROUP CORP				
		Firm/ Company			
	2546 SW 8TH STREET APT	r.1			
	makkidi diri _{n 1989} , mamma mamma mamma mili ka birid _{di A} ggariga mampa mamma mili di di di dinggariga	Address			
	MIAMI, FL 33135				
		City/ State and Zip Cod	e		
alesio	cruz@hotmail.com		_/		
	E-mail address: (to be us	sed for future annual report	notification)		
	n concerning this matter, pleas		3397285		
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number		
	r the following amount made				
\$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		Ämenc Divisic Cliftor 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

ALL ROOFING REPAIR GROUP CORP

(Name of Corporation as	s currently filed with the Florida Dept.	of State)
P16000058831		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profit Corporation</i> ado	opts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:	
		The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association." or the abbr	Inc," or "Ca". A professional corporati	
nord characte, profilmental throwalthern or the west		第4 三
B. Enter new principal office address, if applicable:	THE REPORT OF THE PROPERTY OF	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>25</u>)	8 7
	A SECTION AND A SECTION ASSESSMENT ASSESSMEN	
C. Enter new mailing address, if applicable:		္ကော် မွ
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		36-1° m
D. If amending the registered agent and/or registered o		e of the
new registered agent and/or the new registered offic	ce address:	
Name of New Registered Agent		- America (Article (A
	(Florida street address)	
Name Description of Offices Addresses		Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
Thereby accept the appointment as registered agent. Tam	n familiar with and accept the obligations	of the position.
Simsectory	e of New Registered Agent, if changing	w

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jone	25	
X Add	<u>SV</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	Title	1	<u>Name</u>	<u>Addres</u> s
1) Change	C		GEORGE F. RIVAS	2623 NW 55 STREET
X Add				MIAMI, FL 33142
Remove				
2) Change				
Add				
Remove				410.0000
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				4
Remove				
6) Change		nd indere si		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	,
lf an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
or ovisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	- Company - Comp
	Annual de la Company de la Com
entre del del Promision del del del RATO	

	02/15/2017	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.	12/2017	
Effective date <u>if applicable</u> :	15/2017	
	(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 date epartment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	upted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	•
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
02/15/201 Dated	7	•
Signature _ C	Dle Le.	
(By a selecte	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ALESIO CRUZ	
	(Typed or printed name of person signing)	***************************************
	PRESIDENT	
	(Title of person vigning)	