## P16000070253

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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(Document Number)			
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SECRETARY OF STATE ON ISSUED OF CORPORATION

WAY -5 2017

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GET MY ROOF C	CLEANED, INC.	<u></u>		
	BER: P16000070253				
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	SAMANTHA ALVAREZ				
	Name of Contact Person				
	Firm/ Company				
	10501 S CAMELOT CIRCL	E			
	DAVIE FL 33328	Address			
		City/ State and Zip Cod	e		
DEE	18702@GMAIL.COM	•			
	_	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
SAMANTHA ALVAREZ		at (	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
An Div P.C	illing Address  endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of



GET MY ROOF CLEANED, INC.

2017 MAY - 1 PH 2: 00

(Name of Cornoration as curre	ntly filed with the Florida Dept. of State)	
P16000070253	,	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	5001 S UNIVERSITY DRIVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE J	
	DAVIE FL 33328	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5001 S UNIVERSITY DRIVE	
	SUITE J	
	DAVIE FL 33328	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida .	street uddress)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.	
Signature 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 Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	P	ALAN ALVAREZ CHARLES SR	5001 S UNIVERSITY BLVD	
Add			SUITE J	
X Remove			DAVIE FL 33328	
2) Change	P	SAMANTHA ALVAREZ	5001 S UNIVERSITY DRIVE	
🗶 Add			SUITE J	
Remove			DAVIE FL 33328	
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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

The date of each amendment(s) a	4-27-2017 doption:	, 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 bedocument's effective date on the Do	plock does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	(
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
4-24-2017		
DatedSignature		
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	ALAN CHARLES ALVAREZ SR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	