P16000077547

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ABSOLUTE ROO	FING INC.	
DOCUMENT NUMI	P16000077547	·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DARRYL S. SCHREIBER, I	ESQUIRE	
		Name of Contact Person	-
	SCHREIBER, SCHREIBER	& SCHREIBER PA	
	• •	Firm/ Company	-
	5600 SHERIDAN STREET		
		Address	-
	HOLLYWOOD, FL 33021		
		City/ State and Zip Code	-
	E-mail address: (to be us	sed for future annual report notification)	
For further information	on concerning this matter, pleas	se call:	
DARRYL S. SCHRE	TRED ESOURE	954 966-5600	2723 AUG 21
	of Contact Person	at (
		·	, <u> </u>
Enclosed is a check for	or the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	PH 2: 20
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

ABSOLUTE ROOFING INC.

(Name of Corpor	ation as currently	filed with the Flor	rida Dept. of State))
16000077547				
(Doc	cument Number of C	Corporation (if kno	wn)	
ursuant to the provisions of section 607.1006, Flor Articles of Incorporation:	rida Statutes, this <i>Fi</i>	lorida Profit Corpe	oration adopts the fo	ollowing amendment(s) t
. If amending name, enter the new name of the	e corporation:			
				The new
ume must be distinguishable and contain the word lnc.," or Co.," or the designation "Corp," "h chartered," "professional association," or the ab	nc." or "Co". A			reviation "Corp.,"
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>				
Enter new mailing address, if applicable:	DOV.			
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		· · · · · · · · · · · · · · · · · · ·	
				 -
If amending the registered agent and/or regis		ss in Florida, ente	er the name of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				
				nega AUS
	(Florida stree	t address)		
New Registered Office Address:			, Florida_	
	((('ay)		(Zip Code)
ew Registered Agent's Signature, if changing F	Degistered Agent:			
hereby accept the appointment as registered agen	t. I am familiar wi	th and accept the o	bligations of the po	sition.
			·	
Si	ignature of New Reg	झडांबरच्य Agent, if c)	hanging	
heck if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	AUREL TALPOS	4149 SW 47 Avenue, Suite 5E
Add X			Davie, FL 33314
Remove 2) Change	P,S,T	ADRIAN TALPOS	4149 SW 47 Avenue, Suite 5E
X Add			Davie, FL 33314
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			TO SECTION
Remove			2
5) Change			
Add			()
Remove			777
6) Change			
Add			

Tamending or adding additional A Attach additional sheets, if necessary,		 -		
				
f an amendment provides for an ex provisions for implementing the ar	change, reclassification, o	<u>r cancellation of issue</u> Lin the amendment its	<u>d shares,</u> colf:	
(if not applicable, indicate N/A)	in the contained	THE MINEROLLE IV.	7.11.	
				1 1
				
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·				
				75
				
				- A

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The date of each amendment(s) acd date this document was signed.	loption:		, if other than the
date this document was signed.			
Effective date if applicable: Au	gust 16, 2023		
	(no more than 90 day	es after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De		statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board	of directors without shareholder action and	shareholder
☑ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The nunfficient for approval.	nber of votes cast for the amendment(s)	
	roved by the shareholders through each voting group entitled to vote.	voting groups. The following statement separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sur	fficient for approval	
by		**	
	(voting group)		
DatedAugust	16, 2023	_	
Signature 1	had had		
(By a di selected	rector, president or other officer -	if directors or officers have not been ds of a receiver, trustee, or other court	
	AUREL TAPLOS		
	(Typed or printed name	of person signing)	
	PRESIDENT		7.4% 8.203
•	(Title of person signing)	27 2