P1700023544

(Re	equestor's Name)	
		<u>.</u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: R & R REMODEI	.ING SERVICES CORPO	RATION
DOCUMENT NUMI	D17000012534		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROSQUETE, RAUL		
		Name of Contact Person	n
		Firm/ Company	
	518 E 19TH ST		
		Address	
	HIALEAH FL 33013		
		City/ State and Zip Cod	e
LAU	RASALINA57@YHAOO.CC	ЭМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ROSQUETE. RAUL		786	449-7557
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Ft. 32301

Articles of Amendment to Articles of Incorporation of

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R & R REMODELING SERVICES CORPORATION

SECRETARY OF STATE

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P17000023544	
(Docume	ent 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 cor	poration:
name must be distinguishable and contain the word "Corp" "Inc" or Co.," or the designation "Corp," word "chartered," "professional association," or the a	The new large of the service of the subtreviation of "Co". A professional corporation name must contain the subtreviation "P.A."
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDI</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.
Signer	sture 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>Y</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	CO-P		JOHNSON, LAORD	518 EAST 19TH STREET
Add				HIALEAH, FL 33013
X Remove				
2) Change	v	_	SALINA, CRISTIAN D	518 EAST 19TH STREET
Add				HIALEAH, FL 33013
X Remove				
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).			
		<u> </u>	
-	 		
			_
f an amendment provides for an exch	ange, reclassification, or can	cellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in th	<u>e amendment itself:</u>	
	·	<u> </u>	
			
			

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
5		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this 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 so	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 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	
10/27/201 Dated		
Signature	D. A.	
(By a c	lireytor, 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)	
	ROSQUETE, RAUL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	