P17000038901

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COVER LETTER

Division of Corporations Triple J Roofing Inc. P17000038901 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joe Luis Acosta Name of Contact Person Triple J Rosfing Inc. 10420 SW 60 ST

Address

Miami FL 33173

City/ State and Zip Code Jacosta @ 31 roofing. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 283 - 7081 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Gircle
Tallahassee, FL 32301

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to

Articles of Incorporation



(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

none and by British State and a section of		" " " " " " " " " " " " " " " " " " " "	ni a transita	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp, " "Inc, " or	"Co". A professiona		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	cable: ADDRESS)	<i>Y</i>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	EBOX) NA	· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or re- new registered agent and/or the new regist Name of New Registered Agent		_	the name of the	
	(Florida s	treet address)		
New Registered Office Address:		(City)	. Florida	Lip Codes

New Registered Agent's Signature, if changing Registered Agent: P//X

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, Please note the officer/dir P = President; V= Vice Executive Officer; CFO = held, President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example;	rector titl President = Chief I r, Directo in the fo ves the c	le by the firs T: T= Treast Financial Of or would be Howing man orporation,	irer: S= Sec. ificer. If an PTD. iner. Curren Sally Smith i	retary: D= Directo officer/director ho ally John Doe is list	lds more than ted as the PST	one t	itle, list the first l dike Jones is listed	etter of cac d as the V.	th office There is
X Change	<u>PT</u>	<u>John Doe</u>							
X Remove	\underline{V}	Mike Jone	<u>s</u>						
X Add	<u>SV</u>	Sally Smit	<u>h</u>						
Type of Action (Check One)	<u>Title</u>		<u>ame</u>			<u>Addres</u>	<u>ş</u> s		
1) Change			vet te	Blanco A	costa_	104	20 Sw 6	0 <u>5T</u>	
X Add							ni, FL 3		
Remove					_				
2) Change	D	_ <u>J</u> o	se Lui	s Acosta	<u> </u>	68	6 w 43	PL	
X Add					<u> 4</u>	-lial	eah, FL	3301	2
Remove					_				
3) Change									
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4) Change									
Add					_				
Remove					_				
5) Change			····						
Add								<u>_</u> _	
Remove					_				
6) Change									
Add		-			_		<u> </u>		
Remove									

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:

f amending or adding additional Articles, enter change(s) here: Much additional sheets, if necessary). (Be specific)	
NX	
	_
f an amendment provides for an exchange, reclassification, or cancellat provisions for implementing the amendment if not contained in the amendment if not applicable, indicate N/A)	tion of issued shares, endment itself:
V/A	
	-

* * * * *	1.	
The date of each amendment(s) adoption:	MIT	, if other than the
date this document was signed.		
<u>-</u>	. / _	
Effective date <u>if applicable;</u>	N/A	
(no more that	n 90 days after amendment file d	(are)
Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's records.		 nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. To by the shareholders was/were sufficient for approval.	The number of votes cast for the	amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled		
"The number of votes cast for the amendment(s) was/v	vere sufficient for approval	
hy(voting group)	., 	
(voting group)		
☐ The amendment(s) was/were adopted by the board of director action was not required.	ors without shareholder action ar	nd shareholder
The amendment(s) was/were adopted by the incorporators was not required.	rithout shareholder action and sh	archolder
Dated	A.	
Signature (By a director, president of other of	4	
(By a director, president of other of selected, by an incorporator – if in appointed fiduciary by that fiducial	the hands of a receiver, trustee.	or other court
(Typed or printe	is Acusta ed name of person signing)	
Presh	des t	
	le of person signing)	