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LLAHASSEEL FLORIDA

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JUN 19 2013 T. LEEKEUK



## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: JPL ROOFING CORPORATION DOCUMENT NUMBER: P17000084242 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARCELO LIMA Name of Contact Person P17000084242 Firm/ Company 1019 ALASKA AVE Address LEHIGH ACRES FL 33971 City/ State and Zip Code PIRESFATIMA@EARTHLINK.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\_\_\_\_\_\_) 4055080 Area Code & Daytime Telephone Number MARCELO LIMA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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FILED

	or			
	JPL ROOFING CORPO	PRATION	9018 HIN 18 P	% ፎዓ
(Name of Co	orporation as currently f	iled with the Flo		
	P170000842	42	SECRETARY OF	STATE LORIDA
	(Document Number of C	orporation (if kn	wn)	(-01111 P
rsuant to the provisions of section 607.1006 Articles of Incorporation:				llowing amendment
If amending name, enter the new name	of the corporation:			
				The new
me must be distinguishable and contain forp.," "Inc.," or Co.," or the designation and "chartered," "professional association,	n "Corp," "Inc," or "Co	s". A profession	r incorporatea or al corporation name	must contain the
Enter new principal office address, if ap				
rincipal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u> )			
Enter new mailing address, if applicable				
(Mailing address MAY BE A POST OFF	<u>(ICE BOX</u> )			
If amending the registered agent and/or new registered agent and/or the new re	<u>registered office addres</u> eistered office address:	ss in Florida, ent	er the name of the	
new registered agent and/or the new re	Allocation of the Allocation o			
Name of New Registered Agent				
<u> </u>				
	(Florida stree	t address)		
New Registered Office Address:			Florida	
	((.	Хiy)		(Zip Code)
New Registered Office Address:	((	lity)	, Florida	(Zip Code)
New Registered Agent's Signature, if chan	aina Registered Agent:			
hereby accept the appointment as registered	Lagent. Lam familiar wi	th and accept the	obligations of the po	sition.
	·			
	Signature of New Reg	gistered 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 De	<u>oc</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	V		THIAGO H DA SILVA	808 SW 14TH AVE	
Add		_		CAPE CORAL, FL 33991	
X Remove					
2) Change					
Add					
Remove					
3 ) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

zvuaça aaainonai snee	g additional Articles, rts, if necessary).— (Be	enter change(s) her specific)	<u>re</u> :		
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lf an amendment pro	ovides for an exchange	<u>e, reclassification, c</u>	r cancellation of	issued shares,	
(if not applicable	ementing the amendm	ent if not contained	l <u>in the amendme</u>	nt itselt:	
(у погаррисате	z, maicaie ivza)				
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	05/25/2018	
The date of each amendment(s) ac	doption:	_, if other than the
late this document was signed.	25/25/2016	
Effective date <u>if applicable</u> :	05/25/2018	
Effective date it appreciate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedoeument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement cach 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)	
	(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	
Dated	05/25/2018	
Signature	- 2777	
(By a c selecte	director/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)	_
	MARCELO LIMA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	