## P1700094273

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C. GOLDEN

DEC - 7 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations JAHIR ROOFING, REPAIRS & PAINTING CORP NAME OF CORPORATION:  $\_$ P17000094273 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HERNAN MALDONADO Name of Contact Person Firm/ Company 207 Ichabod Ave S.

Address

Lehigh Acres FL 33973 City/ State and Zip Code TAXHISPANO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 676 83 75

Area Code & Daytime Telephone Number 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 enclosed) (Additional Copy is enclosed)

**Mailing Address** 

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

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

## **Articles of Amendment** to Articles of Incorporation of

4 G

JAHIR ROOFING, REPAIRS & PAINTING CORP	4
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
(Document Number	
	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
N/A	
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
Enter new principal office address, if applicable:	207 ICHABOD AVE S
Principal office address <u>MUST BE A STREET ADDRESS</u> )	LEHIGH ACRES FL 33973
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the projectors described in	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the
N/A  Name of New Registered Agent	<del></del>
<del></del>	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
v Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar w	· villy and accept the obligations of the contributions
· ,	от отданоть ој те розиют.
Signature of New Pa	egistered 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 (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

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,

Example:			
X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P 	HERNAN MALDONADO RIVERA	207 ICHABOD AVE S
Add			LEHIGH ACRES FL 33973
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	<del></del>		
Remove			
_			
5) Change			
Add			
Remove			
Change	<del></del>	_	
Add			
Remove			
			<del></del>

1 A	icles, enter change(s) here: (Be specific)
/A	
an amendment provides for an over-	
an amendment provides for an exchange ovisions for implementing the amendr	ge, reclassification, or cancellation of issued shares,
an amendment provides for an exchangerovisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself;
an amendment provides for an exchangerovisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
an amendment provides for an exchange ovisions for implementing the amendration (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
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an amendment provides for an exchange ovisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90) days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not many to the
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s)
·	roved 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 f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	11/30/2017.
Signature	etor, president or other officer – if directors or officers have not been
	fiduciary by that fiduciary)
_	Hennan Maldonado
	(Typed or printed name of person signing)  Pass clent
	(Title of person signing)