P17000098204



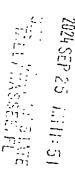
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Cracial Insurations to Siling Officer
Special Instructions to Filing Officer:

Office Use Only



600436974936

09/25/24--01004--030 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

,

OCUMENT NUMBER: P17000098204					
e enclosed Articles of Amendment and fee are submitted for filing.					
ease return all correspondence concerning this matter to the following:					
Scott Gordon Name of Contact Person Firstline Restoration Inc. Firm/ Company 10330 Lake Vista Court Address Parkland Fr. 33076 City/ State and Zip Code Office of Thinepros. Com E-mail address: (to be used for future annual report notification)					
r further information concerning this matter, please call:					
Melissa Strollo at (95) 282-5024 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Firstline Restorati	on, Inc.		
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)	
(Document N	tumber of Corporation (if kno		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	•		g amendment(s) to
·	otion.		
A. <u>If amending name, enter the new name of the corpora</u> Firstline Construct	•		77
name must be distinguishable and contain the word "corpore" Inc.," or Co.," or the designation "Corp." "Inc," or "chartered," "professional association," or the abbreviation	ation," "company," or "incorp "Co". A professional corpo	porated" or the abbreviation name must contain	_The new m "Corp.," n the word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u></u>	<u>ري</u> <u>اليس</u>	797
			(V)
			N)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			· ·
		ក្នុង ស្នាស	
			<u></u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, ente : address:	r the name of the	
Name of New Registered Agent			-
			_
(1	Florida street address)		
New Registered Office Address:	(City)	Florida(Zip C	Ode)
	(Cuit)	12.47 €	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the o	bligations of the position.	
			_
Signature	of New Registered Agent, if ch	hanging	_

Check 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)

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>u</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				<u></u>
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
, Add	-			
Remove				

ttach <i>additional si</i>	ling additional Artic heets, if necessary).	(Be specific)				
			-			
						
					-	
	 -					
						
						-
	 -		··			
				<u>.</u>		
	······					
						
	oroyides for an excha	nua roalaccific	ition or cancell	ation of issued sh	ares	
provisions fo <u>r im</u>	plementing the amen	<u>dment if not cor</u>	<u>ntained in the a</u>	mendment itself:	<u></u>	
(if not applica	ble, indicate N/A)					
			· · - · · ·			
						_
					-	

The date of each amendment(s) adoption: 9-18-2024 date this document was signed.	, if other than the
Effective date if applicable: $90 \text{ days after amendment}$	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast f by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approve	al
by Firstline Restoration, (nc. (voting group)	``
Signature (By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trappointed fiduciary by that fiduciary)	
SOUT Gorde	
(Typed or printed name of person signing)
President	
(Title of person signing)	