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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MDM DESIGN	S GROUP INC		
DOCUMENT NUME	P18000006793			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	MAUREEN J SANTELIS	SES		
		Name of Contact Perso	n	
		Firm/ Company		
	1304 FRANCIS AVE			
•		Address		
	ORLANDO, FL 32806			
		City/ State and Zip Cod	e e	
ma	ureenrivas@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MAUREEN J SANT	ELISES	407 at (575-5330	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Amend	Address Iment Section on of Corporations	
P.O.	Box 6327	Division of Corporations Clifton Building		
Talla	hassee, FL 32314		executive Center Circle essee, FL 32301	
	•	i di falli	addeed, I. I., J.E. 2011	

Articles of Amendment to Articles of Incorporation of

MDM DESIGNS GROUP INC

(<u>Name</u>	of Corporation as curre	ntly filed with the Flor	ida Dept. of State)	 -
P18000006793				
	(Document Number	of Corporation (if know	vn)	-
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corpo</i>	ration adopts the followi	ng amendment(s) to
A. If amending name, enter the new name, HIGH PITCH ROOFING INC	ame of the corporation:			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	· "Co". A professional		abbreviation
, ,		N/A		
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		 	- !-	· 33°
			ie.	<u> </u>
			: : ਹੈ। ਹੈ।	2
C. Enter new mailing address, if appl		N/A	11 277 51	· ?
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		-• ••	
			••	<u></u>
		•		
D. If amending the registered agent ar new registered agent and/or the new			the name of the	
Name of New Registered Agent	N/A	 -		
rume of thew negasiered rigent			-	
	(Florida	street address)		_
New Registered Office Address:	N/A		, Florida	
New Negisieren Office Address.		(City)		(Code)
Now Decistand Agent's Signature if a	humaina Daalatamad Ama	_4.		
New Registered Agent's Signature, if c hereby accept the appointment as regist	ered agent. I am familia	nt: r with and accept the ol	oligations of the position.	
	Signature of New	· Registered Agent, if ch	anging	_

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A 	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add		**************************************	
Remove			
6) Change		N/A	
Add		-	
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f an a	mandmant neavida	s for an exchange, r	aalaasifiantian a			
provi:	sions for implement	ting the amendment	if not contained	r cancenation of is in the amendment	itself:	
(<i>i</i>	f not applicable, ind	icate N/A)				
				<u> </u>		

	N/A	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
. N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, thurtment of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amenda icient for approval.	nent(s)
	oved by the shareholders through voting groups. The following statich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and sharel	holder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholde	21
08/20/2018	}	
Dated		
	1-7 ¹ / ₁	
Signature (By a dro	ector, president or other officer – if directors or officers have not be	
	by an incorporator – if in the hands of a receiver, trustee, or other	
	I fiduciary by that fiduciary)	
	MAUREEN J SANTELISES	
-	(Typed or printed name of person signing)	- ·
	DWHER ()	
-	(Title of person signing)	
	(Thic of person signing)	