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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MIDWEST &	COFING COMPANY,	<u> uc.</u>
DOCUMENT NUMB	er: <u>P18000</u> 2	2340	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BRIAN DENN	Name of Contact Perso	n
	BRIAN DENN MIDWEST ROOF	Firm/ Company	√C,
	3682 N Wid MEL BOUR	CKHAM RD STE	B1 #314
	MEL BOUR	VE FL 329	35
	BRIAND @ MWRE E-mail address: (to be us		
For further information	concerning this matter, pleas	se call:	
Name o	分量がある of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made		
\$35 Filing Fee	I□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mail</u>	ling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

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

Articles of Amendment Articles of Incorporation of

MIDWEST ROOFWG Com (Name of Corporation as current	tly filed with the Florida Dept. of State	e)		
		- ′		
<u> </u>				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s		
A. If amending name, enter the new name of the corporation:				
		Tr.		
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nan			
B. Enter new principal office address, if applicable:	5682 N WICKHAMR	b. STEB1 #314		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MELBOURDE, FL 32	135		
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3682 N WICKHAM RX	3682 N WICKHAM RD STE B1 #314		
	3682 N WICKHAM RD S MELBOURNE, FL 329	35		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address				
	<u> </u>			
Name of New Registered Agent				
				
eFlorida si	treet address)			
New Registered Office Address:	, Florida_			
•	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		osition.		
The state of the s		. 		
		 		
Signature of New	Registered Agent, if changing	(a) (b) (b)		
Signature of New	Registered 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 = Trustec; 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.

<u>X</u> Change	<u>PT</u> <u>John</u>	<u>Doc</u>	
X Remove	V Mike	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) X Change		CHAYCE KLUVER	3346 KENT DR.
Add			MELBOURNE, FL 32935
Remove			
2) Change	PT	BRIAN DENNIS	1679 PGA BLVD
_ <u>X_</u> Add			MELBOURNE, FL 32935
Remove			
3) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
Lan amandmant aravidae for an arch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
if not applicable, indicate NA)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of the separately o	
"The number of votes east for the amendment(s) was/were sufficient for a	pprovaf
by	'''
by	
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder	
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
DatedS/11/18	
By a director, president or other officer - if directors	or officers have not been
selected by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	iver, trustee, or other court
CHAYCE KLUUER	
(Typed or printed name of person s	igning)
VILE PRESIDENT	
(Title of person signing	(1)