P18000048104

(Rec	questor's Name)	
(Ado	lress)	
(Add	fress)	
(City	/State/Zip/Phon	e #)
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(Doc	cument Number)	1
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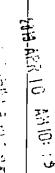
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: FULLN	ESS ROOF LOADERS	INC :
DOCUMENT NUMBER	:	P18000048104	
The enclosed Articles of A	.mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
		NIKE HERRADORA Name of Contact Person	n
	EU	LNESS ROOF LOADE	
	FOL	Firm/ Company	KO INC
		612 OLIVE TREE CIR	
		Address	
	GRE	EENACRES FL 33413	
		City/ State and Zip Cod	e
	NIKYE	HERRADORA@ICLOU	D COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
NIKE HER	RADORA	at (786	286-2129
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	irtment 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)
	Address		Address
	nent Section of Corporations		Iment Section on of Corporations
P.O. Bo			i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FULLNESS ROOF LOADERS INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000048104 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) so its Articles of Incorporation: A. If amending name, enter the new name of the corporation:

ime must be distinguishable and contain the word "co. Torp.," "Inc.," or Co.," or the designation "Corp," "In	rporation," "company," or "incorporated" or the abbreviat ic," or "Co". A professional corporation name must contain
ord "chartered," "professional association," or the abbrev	viation "P.A."
Enter new principal office address, if applicable:	612 OLIVE TREE CIR
Principal office address <u>MUST BE A STREET ADDRESS</u>	GREENACRES, FL 33413
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	612 OLIVE TREE CIR
	OPERNACIDES EL 22442
	GREENACRES, FL 33413
	GREENACKES, FL 33413
If amending the registered agent and/or registered off	
. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, enter the name of the
	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	fice address in Florida, enter the name of the
Name of New Registered Agent	fice address in Florida, enter the name of the
Name of New Registered Agent	fice address in Florida, enter the name of the address: Clorida street address)
Name of New Registered Agent (F)	fice address in Florida, enter the name of the address: Clorida street address)

Signature of New Registered Agent, if changing

address of each Officer a (Attach additional sheets.	and/or D if necess	irector b ary)	s, enter the title and name of each off eing added: irst letter of the office title:	icer/director being removed and title	, name, and
Executive Officer: CFO: held. President, Treasure. Changes should be noted	= Chief F r, Directo in the foi	inancial or would l llowing m	anner. Currently John Doe is listed as	ore than one title, list the first letter of the PST and Mike Jones is listed as the	each office V. There is
a change, Mike Jones lea Mike Jones, V as Remove			n, Sally Smith is named the V and S. Th SV as an Add.	iese snouta be notea as John Doe, PT a	s a Change,
Example: XChange	PT	John De	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1)Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3)Change		_			_
Add					_
Remove					
4) Change		_			
Add					_
Remove					
5) Change		_			
Add					
Remove					
6)Change		_			
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Action diamental sheets, if necessary). (He specific)	
	
	<u> </u>
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of in provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ssued shares, t itself:

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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_x () 4 05 19 Signature_x 15 15 15 15 15 15 15 1	
(By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
x Nike Herradora (Typed or printed name of person signing)	
x Owner (Title of person signing)	