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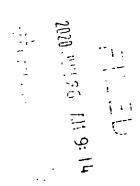
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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Amend

JUN 29 7070 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations TOTAL Moofing Systems The Heral MOOD EXPERTS INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Town Roofing Systems The Heral Roofing Firm/ Company Waake ST.
Address Shear, FLORIDA 34997
City/ State and Zip Code E-mail address: (to-be used for future annual report notification) For further information concerning this matter, please call: Vesus LARA at (772) 240 - 3556

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810



June 13, 2020

JESUS LARA 3140 SE WAALER ST STUART, FL 34997

SUBJECT: TOTAL ROOFING SYSTEMS "THE METAL ROOF EXPERTS" INC

Ref. Number: P18000051666

We have received your document for TOTAL ROOFING SYSTEMS "THE METAL ROOF EXPERTS" INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed form will allow you to change the principal address as you did not correctly the type of document being corrected and a printed signature is not acceptable.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 920A00011695

Articles of Amendment

to
Articles of Incorporation

| TOTAL POORING SUSTEMS THE HELD | TAL POOD EXCORDS IN |
|---|---|
| (Name of Corporation as currently | filed with the Florida/Dept. of State) |
| P180 000 51 646 (Document Number of | |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | |
| B. Enter new principal office address, if applicable: | 3140 SE Waaler ST. |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 5140 SE Waaler ST. Stuar, FLORIDA 34997 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3140 SE Waaler ST Stuart FloreDA 34997 |
| D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: | ress in Florida, enter the name of the |
| Name of New Registered Agent | |
| | |
| (Florida stre | zet address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | |
| | 20 |
| | 20 |
| Signature of New Re | egistered Agent, if changing |
| 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)

Example:

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.

| X_Change | <u>PT</u> | John Doc | |
|-------------------------------|-----------|-------------|---------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| l) Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | sheets, if necessary) | . (Be specific) | | | |
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| | t provides for an ex- | change, reclassifi | cation, or cancella | tion of issued share | <u>s.</u> |
| f an amendmen | mpiementing the an | <u>nenament 11 not c</u> | ontained in the an | ienament usen: | |
| provisions for it | cable indicate N/A) | | | | |
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| provisions for it | cable, indicate N/A) | | | | |

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| The date of each amendme | | JUNE | 01,2020 | | , if other than th |
|---|--------------------|------------------------------------|---|---|-----------------------------------|
| date this document was sign | ed. | | | | |
| Effective date if applicable | : <u> </u> | 01,00 | 20 | | |
| Effective date <u>if applicable</u> | | (no more t | han 90 days after a | mendment file date) | |
| Note: If the date inserted indocument's effective date of | | | | y filing requirements, the | his date will not be listed as th |
| Adoption of Amendment(s | i) (C | CHECK ONE |) | | |
| ☐ The amendment(s) was/v action was not required. | vere adopted by th | ne incorporator | rs, or board of direc | tors without shareholde | r action and shareholder |
| ☑ The amendment(s) was/v by the shareholders was | • | | s. The number of v | rotes cast for the amend | ment(s) |
| ☐ The amendment(s) was/v must be separately prov | | | | | |
| | | | as/were sufficient f | | |
| by SES | US 201 | 20. | | .** | |
| -, | (v | oting group) | | | |
| Dated Signature | 04/22/ | 9090 | Jom. | | |
| . | (By a director, pr | esident or othe acorporator – i | er officer – if directer f in the hands of a r | ors or officers have not eceiver, trustee, or othe | |
| | | Vesus | LARA | | |
| | | (Typed or pr | rinted name of perso | on signing) | |
| | | PRES | IDENT. | | |
| | | (Title of pers | | | |