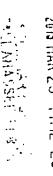
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C WCHAIR

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	N:FLASH_REMO	DELING & CONSTRUC	TION, INC.
DOCUMENT NUMBER:		P1800071457	
The enclosed Articles of Amer	adment and fee are s	ubmitted for filing.	
Please return all corresponden	ce concerning this ma	atter to the following:	
		MIGUEL DOLORE	:S
		Name of Contact Perso	n
	FLASH REM	MODELING & CONSTRU	JCTION, INC.
		Firm/ Company	
		5540 BANNING ST.	
•		Address	
		LEHIGH ACRES, FL. 33	3971
		City/ State and Zip Cod	le
	tì	ashremodelinginc@gmail.c	com
E-r	nail address: (to be u	sed for future annual report	notification)
For further information concern MIGUEL	ning this matter, plea	941	661-0672
Name of Contac	et Person	at ( Area Co	) de & Daytime Telephone Number
Enclosed is a check for the foll			•
	43.75 Filing Fee & ertificate 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 P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
Clifton Building

#### Articles of Amendment

#### to

### Articles of Incorporation

of

#### FLASH REMODELING & CONSTRUCTION, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) P1800071457 (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) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: FLASH ROOFING & CONSTRUCTION, INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 = 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 Do	<u>e</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	<u>Addres</u> s
l) Change	-0-	_	-0-	-0-
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		<del></del>	<del></del> -	
Remove				
Kemove				
6) Change				
Add				
Remove				

E. <u>If amen</u> (Attach a	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change( (Be specific)	s) here:		
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f. <u>Ifan ar</u>	nendment provides for an exc	hange, reclassificati	on, or cancellation o	of issued shares,	
<u>provis</u>	ions for implementing the am (not applicable, indicate N/A)	endment if not conta	nined in the amendn	nent itself:	
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				<del></del>	

	03/20/2019	
The date of each amendment(s) a		, if other
date this document was signed,	02/20/2010	
Effective date if applicable:	03/20/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date with a partment of State's records.	Il not be liste
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedC	03/19/2019	
	O ROS	
Signature	irector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MIGUEL DOLORES	
	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	PRESIDENT	