P18000101265

(Requesto	or's Name)		
(Address)			
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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ALV EURG	OPEAN ROOFII	NG, INC	_ _	
DOCUMENT NUMBER:	P18000101	265			
The enclosed Articles of Amend	dment and fee are sub	omitted for filing.			
Please return all correspondence	e concerning this matt	ter to the followin	ng:		
		MIKHAIL MA	RGITICH		
		Name of Conta	ict Person		
	ALV	EUROPEAN R	OOFING,	INC	
		Firm/ Con	ърапу		
		3659 WEIDMA	N AVE		
		Addre	SS		
	NORTH PORT, FL 34286				
		City/ State and	Zip Code		
E-n For further information concern	nail address: (to be use		ial report	notification)	
MIKHAIL MAI	RGITICH	at (941	815-6459	
Name of Contac	t Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following	owing amount made p	payable to the Flo	rida Depa	rtment of State:	
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

) f

ALV EUROPEAN ROOFING, INC

(Name of Corporation as currently f	iled with the Florida Dept. of State)
P1800010126	;s
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $Florita$ ts Articles of Incorporation:	orida 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," Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 9 FEB 28 PM 6: ALLAHASSEE, F. 08
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar win	
Signature of New Rey	gistered 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.

Mike Jones, v as kemo Example:	ve, ana sai	iy Sman, Sr as an saac	
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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	T,S	LYAMOV, ANDREW	3659 WEIDMAN AVE
Add			NORTH PORT, FL 34286
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

	st name of the of	fficer LYAMOV	, ANDREW to	LYAMOV, AND	RIY.	
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If an amendment	provides for an	exchange, recla	ssification, or ca	ncellation of issi	<u>ied shares.</u>	
provisions for im	plementing the while indicate N/2	<u>amendment if n</u> 4)	ot contained <u>in t</u>	he amendment	tseit:	
(if not annlice	iore, marcare in	•,				
(if not applice						
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TI I to of each amount month	02/22/2019	, if other than the
The date of each amendment(date this document was signed.	s) adoption:	
date this document was signed.	02/22/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	nis block does not meet the applicable statutory filing requirements, e Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer- by the shareholders was/we	adopted by the shareholders. The number of votes east for the amend re sufficient for approval.	iment(s)
☐ The amendment(s) was/wer must be separately provide	approved by the shareholders through voting groups. The following start for each voting group entitled to vote separately on the amendment(s	statement s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	."	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder	
	2/25/19.	
sc	y a director, president or other officer – if directors or officers have no locted, by an incorporator – if in the hands of a receiver, trustee, or oth pointed fiduciary by that fiduciary)	
	MIKHAIL MARGITICH	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	