P19000014663

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FIVE STAR GUT	TERS INC		
DOCUMENT NUMBI				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	tter to the following:		
ŀ	CELLY J ALVAREZ			
_	1	Name of Contact Persor	1	
1	FIVE STAR GUTTERS INC			
_		Firm/ Company		
4446 OLD WINTER RD SUITE 103				
_	Address			
(ORLANDO, FL. 32811			
_		City/ State and Zip Code	:	
JRUNI	TEDHANDS@HOTMAIL.	COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
KELLY J ALVAREZ		at (813		
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FIVE STAR GUTTERS INC	2019 HAR -4 F
(Name of Corporation as currently filed with the Florida Dept. of State)	
P19000014663	15.30
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing amendment
A. If amending name, enter the new name of the corporation:	
ANDREW GUTTERS & ROOFING REPAIRS, INC.	The new
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbreviation
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	
(City)	(Zip Code)
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 pos	ition.
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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
•	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9,	
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	· · · · · · · · · · · · · · · · · · ·

•	02/22/2019	
The date of each amendment(s date this document was signed.) adoption:	, if other th
	2/22/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharel	holder
O2/22/2 Dated Signature	219 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
(By	a director, president or other officer - if directors or officers have	not been
	cted, by an incorporator - if in the hands of a receiver, trustee, or c	other court
арр	pinted fiduciary by that fiduciary)	
	KELLY J ALVAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	