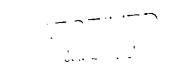
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(Requestor's Name)	_			
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(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
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JALBRITTON

COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: BIG RIVER ROOFING, INC. DOCUMENT NUMBER: P19000027979 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAWN M MCNICHOL Name of Contact Person BIG RIVER ROOFING, INC Firny Company **926 NE 33RD LANE** Address CAPE CORAL, FL 33909 City/ State and Zip Code DAWN@BIGRIVERROOFING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAWN M MCNICHOL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee S35 Filing Fee ☐ S43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

BIG RIVER ROOFING, INC				
(Name o	of Corporation as curre	ntly filed with the Flo	rida Dept, of State)	
P19000027979				
	(Document Numbe	r of Corporation (if kno	own)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	nis Florida Profit Corpo	oration adopts the following amendment	t(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
name must be distinguishable and contain "Inc.," or Co" or the designation "Contain chartered." "professional association."	Corp, " "Inc, " or "Co".	A professional corp	porated" or the abbreviation "Corp.," oration name must contain the word	
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A S	TREET ADDRESS)		یے	
				٠ ﴿ ٢٠٠٩
				د میر هدر .
C. Enter new mailing address, if appl		N/A	28	
(Muiling address MAY BE A POST			PP	هوي <u>ا</u> مويا
			<u></u> نن	<i>t</i>
			~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	۲,
D. If amending the registered agent ar new registered agent and/or the ne			er the name of the	
Name of New Registered Agent	DAWN M MCNICHOL	L		
<u>Name of New Registered Agent</u>	926 NE 33RD LANE			
	(Florida	sireei address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	CAPE CORAL		33909 , Florida	
		(City)	(Zip Code)	
N. B. (1. 1. 4.4)				
New Registered Agent's Signature, if c	nanging Registered Age	ent:		

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

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)

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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds move 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 Doc 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.

Example: X.Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
	<u>\$V</u>	Sally Smith	
X Add			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTSD	ERIC MCNICHOL	926 NE 33RD LANE
Add			CAPE CORAL, FL 33909
X Remove			
2) Change	PTSD	DAWN M MCNICHOL	926 NE 33RD LANE
X Add			CAPE CORAL, FL 33909
Remove 3) Change	D	ERIC MCNICHOL	926 NE 33RD LANE
x Add			CAPE CORAL, FL 33909
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

E. If amending or adding additional Artic	:les, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
	
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r. II an amenoment provides for an exen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	tonich i not contained in the amenoment usen.
N/A	
-	
	,
	<u> </u>

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
tno more than 90 days afte	r amenament füe date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of diaction was not required.	rectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separ	-
"The number of votes cast for the amendment(s) was/were sufficie	nt for approval
(voting group)	,
5-21-2021 Dated	
Signature E. La Liche	? - -
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
ERIC MCNICHOL	
(Typed or printed name of po	erson signing)
DIRECTOR	
(Title of nerson signing)	<u> </u>