P19000061127

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COVER LETTER

		COVER LETTER		ŵ.
TO: Amendment Sec Division of Cor				
NAME OF CORPO	DRATION: PIONEER ROOF	NG OF NAPLES INC		3
DOCUMENT NUM	IBER: P19000061127			
	es of Amendment and fee are su	abmitted for filing.		₹ <mark>.</mark>
Please return all corr	respondence concerning this ma	itter to the following:		•
	GEORGE DI LONGO	, .	, ń	
	PIONEER ROOFING OF N	Name of Contact Person APLES INC	n *	
		Firm/ Company	·	_
	22 MADISON DR.			
	NAPLES FL 34110	Address		
		City/ State and Zip Cod	С	
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call;		
GEROGE DILONG		, at (25309430	_
Name	e of Contact Person	Area Co	de & Daytime Telephone Num	ber
Enclosed is a check i	for the following amount made	payable to the Florida Depa	urtment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)	
	alling Address mendment Section		Address	
	vision of Corporations		ment Section on of Corporations	
	D. Box 6327	Clifton	Building	
Tallahassee, FL 32314		2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PIONEER ROOFING OF NAPLES INC

	currently filed with the Florida Dept. of State)
	2/20000110
PIONEER ROOFING OF NAPLES INC	P1900006112
(Document N	lumber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corpora	ation:
ame must be distinguishable and contain the word "co Corp.," "Inc.," or Co.," or the designation "Corp," "In ord "chartered," "professional association," or the abbre	The new orporation," "company," or "incorporated" or the abbreviation or," or "Co". A professional corporation name must contain the relation "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	(3
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
new registered agent and/or the new registered office	
new registered agent and/or the new registered office Name of New Registered Agent	
new registered agent and/or the new registered office Name of New Registered Agent	address:

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)

Remove

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	PT	John Do	<u>×</u>	
X Remove	<u>v</u>	Mike Jo	nnes	• • • • • • • • • • • • • • • • • • • •
X Add	<u>\$V</u>	Saily Sr	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	T	_	EMILIO J. ABOUD	6055 West 6th Ave
X Add				Hialeah FI. 33012
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove			•	
4)Change		_		
Add				
Remove				······
5) Change				
Add				
Remove				
6)Change				
Add		-		

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)

an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adopti date this document was signed.	оя:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, the nent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment for approval.	nent(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	ntement
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	•
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sharel	holder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholde	er
10/29/2019 Dated		
Signature		
selected, by	r, president or other officer - if directors or officers have not be an incorporator - if in the hands of a receiver, trustee, or other fuciary by that fiduciary)	court
GEO	RGE DI LONGO	
-	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	