## P19000069594

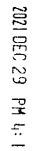
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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_ GUTTERS AND SOFFITS INC DOCUMENT NUMBER: P19000069594 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YUDERCA M BARBERA Name of Contact Person BUSINESS PLUS TAX SOLUTIONS INC Firm/ Company 5258 GOLDEN GATE PKWY SUITE 106 Address NAPLES, FL 34116 City/ State and Zip Code yudy@businessplustaxes.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yudy Barbera at (239 ) 643-9968

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

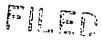
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

Tallahassee, FL 32303

## Articles of Amendment to of



Articles of Incorporation 2021 DEC 29 PM 4: 10 **GUTTERS AND SOFFITS,INC** (Name of Corporation as currently filed with the Florida Dept. Fof State) P19000069594 (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: 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: (City)

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

New Registered Agent's Signature, if changing Registered Agent:

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.

Example:

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ARIEL FALCON	582 EVERGLADES BLVD S
Add X Remove			NAPLES, FL 34117
2) Change			
Add			<del></del>
Remove 3 ) Remove	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Remove			
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	rets, if necessary). (Be.	specific)			
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ovisions for imple	menting the amendmen	it if not contained in	the amendment its:	<u>snares,</u>	
(if not applicable	, indicate N/A)		THE BUILTING THE TEST	<u> </u>	
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amend)	vent file date)
Note: If the date inserted in this blo document's effective date on the Dep	ick does not meet the applicable statutory filing artment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes ca licient for approval.	ist for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting groups, ich voting group entitled to vote separately on t	The following statement he amendment(s):
"The number of votes east fe	r the amendment(s) was/were sufficient for app	roval
by .		
, <u>, , , , , , , , , , , , , , , , , , </u>	(voting group)	<u>—</u> ·
selected, appointed	ctor, president or other officer – if directors or or by an incorporator – if in the hands of a received fiduciary by that fiduciary)  YOSBANY  (Typed or printed name of person sign OSBANY A TORRES Prograte)	trustee, or other court
	(Title of person signing)	