P19000071470

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THREE BROTHE	RS, INC	
DOCUMENT NUM	P10000071470		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	VESNA BEGER		
		Name of Contact Person	1
	V & B ACCOUNTING SER	VICES, INC	
		Firm/ Company	
	8825 PERIMETER PARK 30	02	
		Address	
	JACKSONVILLE, FL 32216	, ,	
		City/ State and Zip Code	2
	VANDBACC@GMAIL.CO	М	
	-	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	422-6813
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

THREE BROTHER, INC		<u>-</u>
(Name o	f Corporation as currently filed with the Florida Dept. of State)	2024 (***)
P19000071470		
···	(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new m	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Containerteed," "professional association,"	the word "corporation," "company," or "incorporated" or the abbriorp," "Inc," or "Co". A professional corporation name must or the abbreviation "P.A."	reviation "Corp.,"
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		
D. If amending the registered agent ar	ad/or registered office address in Florida, enter the name of the	
new registered agent and/or the ne-	MEGHANABEN PATEL	
Name of New Revisiered Agent	MEGHAMABENTATEE	
	1752 GLEN LAUREL DR 501	
	(Florida street address)	
New Registered Office Address:	MIDDLEBURG Storida Florida	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if of	hanging Registered Agent: tered agent.—I am familiar with and accept the obligations of the po.	sition
, needly week, me appointment as a gran		
	. Apoli.	
	Mofferthe.	<u> </u>
	Signature of New Registered Agent, if changing	
Check if applicable		
The amendment(s) is/are being filed p	ursuant 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 = 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	<u>PT</u>	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	P	TEJAS PATEL	2584 COUNTY RD 220
Add			MIDDLEBURG, FL 32218
X Remove			
2) Change	PSTD	MEGHANABEN PATEL	1752 GLEN LAUREL DR 501
X Add			MIDDLEBURG, FL 32068
Remove 3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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-	•
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	and the sale of th
or an amenument provides for an exchange of the sme	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable in James MA)	The state of the s
(ij noi applicaole, inalcale iVA)	
(if not applicable, indicate N/A)	
(у погаррисавіе, іпаісаіе іУА)	
(у пот аррисаоте, maicate :WA)	
лу пот аррисаоте, maicate (VA)	
(у пот аррисаоте, такате гул)	

•

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
[] The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
U5/23/2024 Dated
Signature Middle Middle Market of Middle was as of Four have not been
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MEGHANABEN PATEL
(Typed or printed name of person signing)
PSTD
(Title of person signing)