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(Requ	estor's Name)	<u> </u>
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COVER LETTER

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		<u>COVER LETTER</u>	-	Wind Wind
TO: Amendment Section Division of Corpor				
NAME OF CORPORA	ATION: CRUZ MASTER M	METAL ROOF INC		
DOCUMENT NUMBI				5.
	f Amendment and fee are su	omitted for filing.		5. C.
	ondence concerning this mat			
·				
<u>l.</u>	DARWIN E CRUZ SANDO			
		Name of Contact Person	1	
-		Firm/ Company		<u> </u>
3	111 59TH AVE TER W			
_		Address		
E	BRADENTON, FL 34207			
_		City/ State and Zip Code	e	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
DARWIN E CRUZ SA	NDOVAL	941 at (536-7237	
Name o	f Contact Person		de & Daytime Telephone Nun	nber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Amer Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CRUZ MASTER METAL ROOF INC

(Name of Corpo	ration as currently i	ned with the Florida Dept.	of State)		٠.
P19000075876				· ·	م سع
(De	ocument Number of C	orporation (if known)			
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this FI	orida Profit Corporation ad	opts the following a	amendme	nt(s)
A. If amending name, enter the new name of th	ne corporation:				
CRUZ MASTER METAL INC			7	The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corpora	rated" or the abb tion name must co-	reviation ntain the	
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>					
					
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E ROX)				
in the state of th	· · · · · · · · · · · · · · · · · · ·				
D. If amending the registered agent and/or reg		s in Florida, enter the nam	<u>ie of the</u>		
new registered agent and/or the new register	ered office address:				
Name of New Registered Agent					
	(Florida stree	adáress)			
New Registered Office Address:			, Florida		
	(0	iry)	(Zip Co	ode)	
N D C C C C C C C C C C C C C C C C C C	D:				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. Lam familiar wi	h and accept the obligation.	s of the position.		
and the second s			, F		
	Signature of New Par	victored towns if changing			

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		ing additional Art eets. if necessary).	(Be specific)			
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(if not applicable, indicate N/A)		rovides for an exc	hange, reclassificat	tion, or cancellatio	n of issued shares,	
(if not applicable, indicate N/A)	an amendment p	lementing the am	endment if not con	tained in the amen	dment itself:	
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•	09/26/2019
The date of each amendment(s)	adoption:, it other than
date this document was signed.	
	/26/2019
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed a department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
bv	(voting group)
-, <u> </u>	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
10/15/20 Dated	9
Signature	Darwin F Crie Sandoval
(By selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	DARWIN F CRUZ SANOVAL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)