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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	<u> </u>	INC	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMB	ER: P19000085230		<del></del>	
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Paul A Gibbs, Jr			
-		Name of Contact Persor	1	
	Recovery Rooting, Inc			
•		Firm/ Company	- · · · · · · · · · · · · · · · · · · ·	
	4228 St Johns Ave			
•		Address		
	Jacksonville, Fl 32254			
•		City/ State and Zip Code	2	
	recoveryroofing19@gmail.co	om		
-		sed for future annual report	notification)	
For further information	concerning this matter, plear	se call:		
Paul A Gibbs, Jr		at (912	520-8594	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P19000085230	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	441 Lane Ave N
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl 32254
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 new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	. Florida
THE REGISTER OFFICE PLANTERS.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing

Recovery Roofing Inc

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 = 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 D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	CFO		Thomas M Lewis	6371 Collins Rd
X Add				Apt 1306
Remove				Jacksonville, Fl 32244
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		<u> </u>
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

		(Be specific)				
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ovisions for impl	lementing the am	hange, reclassifi	cation, or cance ontained in the	lation of issued amendment itse	shares,  If:	

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	ly 23rd, 2021
The date of each amendment(s) adoption: date this document was signed.	if other than the
July 23rd, 2021	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	IECK ONE)
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval
by	ing group)
(vot	ing group)
	dent or other officer – if directors or officers have not been
selected, by an ince appointed fiduciary	orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Paul	A. (rtbb3 (le. (Typed or printed name of person signing)
(	(Title of person signing)