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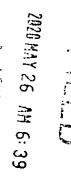
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| Special Instructions to Filing Officer: |
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JUN 13 2020

S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: Roblero Roofing R                                   | tesources Inc   |   |  |
|--|---|---|---|--|
| DOCUMENT NUMI  |   |   | ····  |  |
|  | of Amendment and fee are su                                 | bmitted for filing.   |   |  |
| Please return all corre                                      | spondence concerning this ma                                | itter to the following:   |   |  |
|  | Dagoberto Roblero Perez                                     |   |   |  |
|  |   | Name of Contact Person  | n   |  |
|  |   | Firm/ Company   |   |  |
|  | 2549 SE Madison Street                                      |   |   |  |
|  | Stuart, FL 34997  | Address   |   |  |
|  | Stuart, 112 34777   | City/ State and Zip Cod   | e   |  |
| For further informatio                                       | E-mail address: (to be used) n concerning this matter, plea |   | notification)   |  |
| Dagoberto Roblero Po   | erez  | at ( 352  | 258-4826  |  |
| Name (   | of Contact Person   | Area Code & Daytime Telephone Number  |   |  |
| Enclosed is a check fo                                       | r 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 &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address  Amendment Section  Division of Corporations |   | Street Address Amendment Section Division of Corporations                   |   |  |
|  | Box 6327<br>ahassee, FL 32314                               | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810                  |   |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| Roblero Roofing Resources | Inc |
|---------------------------|-----|
|---------------------------|-----|

| (Name of Corporat   | ion as currently    | filed with the Flo                     | orida Dept. of State)  |               |                       |
|---|---------------------|--|--|---------------|-----------------------|
| 20000030938   |                     |  | ,  |               |                       |
| (Docum  | ment Number of      | Corporation (if kn                     | own)   |               |                       |
| ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:  | la Statutes, this F | lorida Profit Corp                     | ooration adopts the follo  | owing amo     | endment(              |
| . If amending name, enter the new name of the c   | orporation:         |  |  |               |                       |
| oblero Construction Resources Inc   |                     |  |  | Tr.           |                       |
| ame must be distinguishable and contain the word "c<br>Inc.," or Co.," or the designation "Corp," "Inc,<br>chartered," "professional association," or the abbro | " or "Co". A        | ompany," or "inco<br>professional corp | rporated" or the abbrev<br>poration name must co   | viation "Ci   | new<br>orp.,"<br>word |
| Enter new principal office address, if applicable   | <b>e:</b>           |  | <u> </u>   | 20 1          |                       |
| Principal office address <u>MUST BE A STREET AD</u>   | DRESS )             |  |  | ==            | ا !<br>مصر ,          |
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| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  | 1 W)                |  | in the second se | , e.          | 124                   |
| (Mailing dadress MAT BE A FOST OFFICE BO  | <u>//</u>           |  |  | <u> </u>      | <del></del>           |
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| If amending the registered agent and/or register  | red office addre    | ss in Florida, ent                     | er the name of the   |               |                       |
| new registered agent and/or the new registered  | office address:     |  |  |               |                       |
| Name of New Registered Agent  |                     |  |  |               |                       |
|   |                     |  |  | <del></del>   |                       |
|   | (Florida stree      | t address)                             |  |               |                       |
| New Registered Office Address:  |                     |  | , Florida  |               |                       |
| терительного.   | (C                  | City)                                  | , rionda   | Zip Code)     | _                     |
|   |                     |  |  | •             |                       |
|   |                     |  |  |               |                       |
| w Registered Agent's Signature, if changing Reg   | istered Agent:      |  |  |               |                       |
| ereby accept the appointment as registered agent.   | l am familiar wit   | th and accept the c                    | obligations of the position  | on.           |                       |
|   |                     |  |  |               |                       |
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| Signa   | iture of New Reg.   | istered Agent, if co                   | hanging  |               |                       |

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:<br>X Change          | <u>PT</u>    | John Doe    |                 |
|-------------------------------|--------------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | 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                        |              |             |                 |

|  | ets, if necessary). | (Be specific)                          |  |  |           |
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|---|--|--|
| The date of each amendment(s) add date this document was signed.                      | ption:   | , if other than the                              |
| Effective date if applicable:   |  |  |
|   | (no more than 90 days after amendmen   | n file date)                                     |
| <b>Note:</b> If the date inserted in this blo<br>document's effective date on the Dep | ck does not meet the applicable statutory filing reartment of State's records.   | equirements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |  |
| ☐ The amendment(s) was/were adop action was not required.                             | ted by the incorporators, or board of directors with   | out shareholder action and shareholder           |
| The amendment(s) was/were adop<br>by the shareholders was/were suff                   | ted by the shareholders. The number of votes cast icient for approval.   | for the amendment(s)                             |
|   | oved by the shareholders through voting groups. I ach voting group entitled to vote separately on the  |  |
| "The number of votes cast for   | or the amendment(s) was/were sufficient for appro-   | val  |
| by  |  | "  |
| ,   | (voting group)   |  |
| Dated <u>OS</u>   | 21-2020<br>J   |  |
| (By a dire<br>selected,   | ector, president or other officer – if directors or off<br>by an incorporator – if in the hands of a receiver, t<br>I fiduciary by that fiduciary) |  |
| _   | DAGOBERTO RODIETO P<br>(Typed or printed name of person signing  | <u>ピナでフ</u><br>g)                                |
|   | Pose S 1 de 17 /<br>(Title of person signing)  |  |
| _   | (Title of person signing)  |  |