P20000064665

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MAY 14 2021 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ROOFS ONLY FL	INC	
DOCUMENT NUM	P20000064665		
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
	SANDRA RECCHIONE		
	ROOFS ONLY FL INC	Name of Contact Persor	
		Firm/ Company	
	6050 Hooper Lane		
		Address	
	Englewood, Fl 34224		
		City/ State and Zip Code	:
	support@roofsonlyfl.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
SANDRA RECCHI	ONE	at (238-3899
Nam	e of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	irtment 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		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 of

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OOFS ONLY FL INC	100 -5 PM
(Name of Corporation as current	ly filed with the Florida Dept. of State)
0000064665	
(Document Number of	of Corporation (if known)
suant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	The new
ne must be distinguishable and contain the word "corporation," "c.," or Co.," or the designation "Corp," "Inc," or "Co", artered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
Enter new principal office address, if applicable:	
incipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6050 Hooper Lane
•	Englewood, FL 34224
If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	_
tions of the higher endings.	
(Florida st	reet address)
N D . LOT ALL	Elogida .
New Registered Office Address:	(City) , Florida (Zip Code)

☐ 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.

X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Sean Corrigan	357 Hefferon Drive
X Add			St.Augustine, Fl 32084
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional sheets, if	necessary). (Be	enter change(s) specific)	<u></u> .		
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. If an amendment provide	s for an exchange	reclassificatio	n, or cancellation	of issued shares.	
provisions for implemen (if not applicable, ind	ting the amendme	nt if not conta	ined in the amend	ment itself:	
(у на арупсите, та	icuic 1071)				
·					<u>-</u>
					

	02/01/2021
The date of each amendment(s) ad date this document was signed.	option:, if other than the
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after unchantem file date)
Note: If the date inserted in this bloocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopy the shareholders was/were suffered by the shareholders was/were adopted by the shareholders was/were suffered by the shareholders was/were suffered by the shareholders was/were adopted by the shareholders was/were adopted by the shareholders was/were adopted by the shareholders was/were suffered by the shareh	oted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.
■ The amendment(s) was/were appropriately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
shareholders	···
<u>-</u>	(voting group)
02/25/2021	
Dated	7.0
Signature	lich
(By a die selected	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)
	Sandra Recchione
-	(Typed or printed name of person signing)
	Vice President
-	(Title of person signing)