P20 000088937

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linty Marie)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:





500368817665

38 24 21--1 10.--017 **02.71



C Kiuzek INT 55 JUJ

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: J & B ROOFPROS	SINC	
	IBER: P20000088937		
he enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	VELASQUEZ, KARINA OL	DALY	
	J & B ROOFPROS INC	Name of Contact Perso	on
	2420 NE 6TH AVE. APT E	Firm/ Company	
	POMAPANO BEACH, FL 3	Address	
	TOWATANO BEACH, FL 3	City/ State and Zip Cod	4
or further informati	on concerning this matter, please		296-7056
Name of Contact Person		at (239) 296-7056 Area Code & Daytime Telephone Number	
inclosed is a check f	or the following amount made	payable to the Florida Dep	partment 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 nlahassee, FL 32314	Amen Divisi The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

J & B ROOFPROS INC

	<u> </u>		
(<u>Name</u>	of Corporation as current	y filed with the Florida Dept. o	of State)
	(Document Number o	f Corporation (if known)	
	·	•	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc" or Co" or the designation "Chartered." "professional association,"	Corp," "Inc," or "Co". 2	1 professional corporation nan	the abbreviation "Corp.,"
B. Catalana maintainal affica address	if amplicable.	N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			
			
			221 1821
			77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	N
(Maining address Mills DE 71 TODE	OTTICE DOM		
			<u> </u>
			√.
D. If amending the registered agent ar new registered agent and/or the new			or the
	N/A		
Name of New Registered Agent			
			
		eet address)	
New Registered Office Address:	N/A		lorida
		(City)	(Zip Code)
N D 'a Anna Pagara	hunging Depletaned Agent		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	rered agent. I am familiar v	ivith and accept the obligations of	of the position.
, , , , , ,			
<u></u>			
	Signature of New R	egistered Agent, if changing	
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, President. Treasurer, President. Treasurer. President. Treasurer. President. President.

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 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>	Name	Address
1) Change	V	TOUSSAINT, RAMECES	949 NE 3RD AVE
Add			2
X Remove			POMPANO BEACH, FL
2) Change	V	BARBOSA, BRADS	2420 NE 6TH AVE
X Add	-		APT E
Remove 3) Change			POMPANO BEACH. FL 3306
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 (Attach additional s 	ding additional Arti heets, if necessary).	(Be specific)			
•					
·			<u> </u>		
		<u> </u>	<u> </u>		
	<u> </u>			==	-
			<u> </u>		
	.			-	
			 		
 					
			·- <u></u>		
					
<u>_</u>					_
. If an amendment p	orovides for an exch	ange, reclassifica	tion, or cancellatio	n of issued shares,	
provisions for imp	plementing the amer ble, indicate N/A)	ndment if not con	tained in the amer	idment itself:	
	nie, maicaie ista)				
√A					
					
				~-	

The date of each amendment(s) as	. 06/17/2021 option:	if other than th
date this document was signed.	<u> </u>	
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cas ficient for approval.	t for the amendment(s)
	roved by the shareholders through voting groups. ach voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	oval
by	(voting group)	<u></u>
	(Totaling g. Map)	
06/18/2021		
Dated		
Si	in Hymnel	
Signature(By a di	rector, president or other officer – if directors or of	ficers have not been
selected	, by an incorporator - if in the hands of a receiver,	
appoint	d fiduciary by that fiduciary)	
	VELASQUEZ, KARINA ODALY	
	(Typed or printed name of person signing	ng)
	PRESIDENT	
	(Title of person signing)	