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SECRETATE TAIL AND ASSETS THE

A. Butter

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LEGACY ROOFIN	NG & CONSTRUCTION I	NC
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RAFAEL A. RUIZ		
		Name of Contact Persor	<u> </u>
	LEGACY ROOFING & CON	STRUCTION INC	
		Firm/ Company	
	13232 KOCHER WAY		
		Address	
	ORLANDO, FL, 32827		
		City/ State and Zip Code	<u> </u>
	rr.cdirooting@gmail.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call: at (	388-2380
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

FILED

LEGACY ROOFING & CONSTRUCTION INC.

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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(8)	d Children Children Children		
	as currently filed with the Florida Dept. of State) SECRETARY OF STATE		
000006681 TALLAHASSEE, FI			
(Document i	Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corpor	oration:		
	1/4		
	oration," "company," or "incorporated" or the abbreviation "Corp.,"  r "Co". A professional corporation name must contain the word  tion "P.A."		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRES</u>	N/A		
	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
<u> </u>	N/A		
	N/A		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.			
Name of New Registered Agent RAFAEL A. RU	JIZ		
13232 KOCHER	R WAY		
	(Florida street address)		
New Registered Office Address:	. Florida <sup>32827</sup>		
New Registerea Office Matress.	(City) (Zip Code)		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am			
Signature	e of New Registered Agent, 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 Doc 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 Doe		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
T) Change	PRES	RAFAEL A. RUIZ	13232 KOCHER WAY	
X Add			ORLANDO, FL, 32827	
Remove				
2) Change	VP	GEYBIN R. LOPEZ GONZALEZ	1341 HONEY RD	
X Add			APOPKA, FL, 32712	
Remove 3 ) Change	P	GEYBIN R. LOPEZ GONZALEZ	1341 HONEY RD	
Add			APOPKA, FL, 32712	
X Remove				
4) Change				
Add				
Remove				
5) Change		_	<del></del>	
Add				
Remove				
6) Change				
Add				
Remove				

/Λ	tional sheets, if nec	.essary). The sp	ecific)			
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If an amend	applicable, indicate	e N/A)	II IIII Concumic	· · · · · · · · · · · · · · · · · · ·	TK IKOCIII	
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	FEBRUARY 16, 2021
The date of each amendment(s	adoption:, if other than the
date this document was signed.  F  Effective date if applicable:	EBRUARY 16, 2021
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved 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 of	ist for the amendment(s) was/were sufficient for approval
by	,"
•	(voting group)
FEBRU. Dated Signature	ARY 16, 2021
(By a 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)
	RAFEL A. RUIZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)