P21000012830

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Rott Roofing Inc DOCUMENT NUMBER: P21000012830 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ethan Jacoby Name of Contact Person Rott Roofing Inc Firm/ Company 1784 Tillman Ln Address Pensacola, FL 32526 City/ State and Zip Code rottroofinginc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 6134492

Area Code & Daytime Telephone Number Ethan Jacoby Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filling Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

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2021 DEC -2 AM 3: 46

Rott Rooting Inc	2021 DEC -2 AM 3: 46
(Name of Corporation as currently P21000012830	FALL AHASSEE, FLORE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
tFlorida str	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	i with and accept the obligations of the position.

Signature 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 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	Shawna Fruecht	30586 Prestwick Ave
X Add			Sorrento, FL 32776
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary)	. (Be specific)			
ma Fruecht is named VP and now ha	s a 20% share of the com	фапу		
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		 	······································	
				
<u> </u>				
				
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	·		·	
If an amendment provides for an ex	change reclassification	or cancellation of is:	and shares	
provisions for implementing the an	nendment if not contain	ed in the amendment	itself:	
(if not applicable, indicate N/A)				
				-
				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date,)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the am ufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
11/23/21 Dated		
Signature £	~ Mul	
(By a c selecti	tirector/president or other officer – if directors or officers have and the directors of officers have and the directors of t	
	Ethan Jacoby	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	