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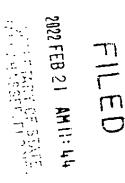
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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: VIOLETA ROOF	ING TRANSP, CORP			
	BER: P21000015348				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	LUIS MIGUEL GALINDO				
		Name of Contact Persor	1		
	VIOLETA ROOFING TRANSP, CORP				
		Firm/ Company			
	13412 SW 255 TERRACE				
		Address			
	HOMESTEAD, FL.33032				
		City/ State and Zip Code	2		
	LUISGALINDO1977@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas		748-9023		
Name of Contact Person		at (
	or the following amount made				
■ \$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)		
Am Div P.O	endment Section ision of Corporations Box 6327 Jahassee, FL 32314	Amend Divisio The Co 2415 N	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303		

effective date 3-1-22
Articles of Amendment

Articles of Incorporation

VIOLETA ROOFING TRANSP CORP

FILED 2022 FEB 21 AMILIA

VIOLETA ROOFING TRANSF. CORT			AHILL
(Name of Corporation as	currently filed with the	Florida Dept. of State)	44
		71 17 17 18 Y	
(1)		- 35	
(Document i	Number of Corporation (if	known)	
ursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	utes, this <i>Florida Profit C</i>	orporation adopts the fe	ellowing amendment(s)
. If amending name, enter the new name of the corpo	ration:		
			The new
ame must be distinguishable and contain the word "corpor Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviati	"Co". A professional c		
. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
 If amending the registered agent and/or registered officency registered agent and/or the new registered officency. 		enter the name of the	
new registered agent and/or the new registered onte	C address.		
Name of New Registered Agent			
	Florida street address)		
'			
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
ew Registered Agent's Signature, if changing Register	ed Agent:		
hereby accept the appointment as registered agent. I am	familiar with and accept t	he obligations of the po:	sition.
	·-··		
Signature	of New Registered Agent,	if changing	
Theck if applicable			
DECK II XODUCADIE			

 \square 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 Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	YADIRA VAZQUEZ	13412 SW 255 TERRACE
Add		<u> </u>	HOMESTEAD
X Remove			FL.33032
2) Change			
Add			
Remove 3) Change			
Add			<u>. </u>
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional sheets, if	necessary). (Be spe	ecific)			
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an amondment named	a for an anaharas	alugui Canai an		and about	
an amendment provided provisions for implement	ting the amendment				
(if not applicable, indi	icate N/A)		-	_	
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					. <u> </u>
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
•	01/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fit	e date)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The feech voting group entitled to vote separately on the amount	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
Dated Signature	(valing droup)	
	irector, president or other officer - if directors or officer	
	 d, by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary) 	ee, or other court
	LUIS MIGUEL GALINDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	