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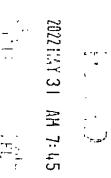
(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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Cr 8/3/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ROOF R	s & Prumo	ERS INC.
DOCUMENT NUMBE	R:	-	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
		Address	DATE PE 33314
4	Linethra E-mail address: (to be us concerning this matter, please VELDOMO		wm notification)
	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made S43.75 Filing Fee & Certificate of Status	payable to the Florida Depa S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment

to Articles of Incorporation

DONCERS &	DI 1710 00	nc Try	า	2022 HAY 31	AH 7
(Name of Corpora	ation as currently fi	10ラーナ (へ)	Dept. of State)		-
				ithi	
(Doc	rument Number of Co	orporation (if known))	<u></u>	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Floa	rida Profit Corporat	tion adopts the fo	ollowing amendn	nent(s) to
A. If amending name, enter the new name of the	corporation:				
				The ne	241
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	ic," or "Co". A pi	pany," or "incorpora ofessional corporat	ated" or the abb ion name must	reviation "Corp., contain the wor	rd
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	- <u>BOX</u>)				
D. If amending the registered agent and/or regis	- 	in Florida enter th	ne name of the		
new registered agent and/or the new registere	ed office address:	in the total, circle in	ic name of the		
Name of New Registered Agent	·-··				
	(Florida street o	address)			
New Registered Office Address:			. Florida		
	(Cit	(יי		(Zip Code)	
	(Cit Registered Agent:	ייי		,,,	
Sis	gnature of New Regis	tered Agent, if chan	ging		

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, 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	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	1	LENIER	ARTLES	4436 SW 49 CT
_ X _ Add		·		FORT LAND FL 32214
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		- <u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	les, enter change(s) here (Be specific)	•	
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If an amandmant providing for an area.	inge, reclassification, or	cancellation of issued s	<u>hares,</u>
ii au amenument provides for an excha	dment if not contained i	n the amendment itself	<u>:</u>
provisions for implementing the amen	CHICK II III CONTRACTOR		
provisions for implementing the amen (if not applicable, indicate N/A)			
provisions for implementing the amen			
provisions for implementing the amen			
provisions for implementing the amen			
provisions for implementing the amen			
provisions for implementing the amen			
provisions for implementing the amen			
provisions for implementing the amen			
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provisions for implementing the amen			
provisions for implementing the amen			
provisions for implementing the amen			

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document'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 adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	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
byUNET_le	(voting group)
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
appointe	d fiduciary by that fiduciary)
_	LINET PERDOMO DOMERO
	(Typed or printed name of person signing)
	President.
_	(Title of person signing)