## P210000 91406

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SECRETARY OF STATE

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TWISTER HOM	1E MAINTENAI	NCE SER	VICE, INC.		
DOCUMENT NUMBER:		P21000091406				
The enclosed Articles of Amend	ment and fee are su	bmitted for filing	<b>!.</b>			
Please return all correspondence	concerning this ma	tter to the followi	ing:			
	M.	ARIA A. VILLA	CASTEL	LANOS		
<del>"</del>	Name of Contact Person					
	TWISTER HOME MAINTENANCE SERVICE, INC.					
-	Firm/ Company					
	5540 BANNING ST.					
	Address					
	LEHIGH ACRES, FL. 33971					
<del>-</del> -		City/ State and	d Zip Code	2		
	tw	isterhomeine@gi	mail.com			
E-ma	il address: (to be us			notification)		
For further information concerning			220	210 7214		
Name of Contact		at (	239	de & Daytime Telephone Number		
Enclosed is a check for the follow						
_	3.75 Filing Fee & tificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	☐\$52.50 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			Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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TWISTER HOME MAINTENANCE SERVICE, INSECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) P21000091406 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: TWISTER HOME ROOFING, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 Doc	
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	VP	ALEXANDER GOMEZ	1520 SE 46TH LN UNIT C
X Add			CAPE CORAL, FL. 33904
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			<del>.</del>
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

	mending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)
-	······································
	<del></del>
-	
far	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pro</u>	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fit	la data)
	(no more into 90 days after amenament fu	e autoj
<b>Note:</b> If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requi- epartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ()NE</u> )	
■ The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ad- 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	."	
	(voting group)	
Dated	13/04/2021	
Signature	To full	
selecte	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary)	
	MARIA A. VILLA CASTELLANOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del> </del>