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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

•

NAME OF CORPORA	TION:	TWISTER HOME ROOF	ING. INC.	
	R:	P21000091406		
	Amendment and fee are sub			
Please return all correspo	ndence concerning this mat	ter to the following:		
	MAI	RIA A. VILLA CASTELLA	ANOS	
-		Name of Contact Person		
	•	TWISTER HOME ROOFF	NG, INC	
		Firm/ Company		
		5540 BANNING ST		
		Address		
		LEHIGH ACRES, FL 339	971	
		City/ State and Zip Code		
	TWIS	TERHOMEINC@GMAIL	.COM	
_	E-mail address: (to be us	ed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		503 (-)
MARIA A. VILL	A CASTELLANOS	239 at (219-7314	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	-
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	Press
Amen Divisi	ng Address dment Section on of Corporations dox 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TWISTER HOME ROOFING, INC

(Name of Corporation as c	urrently filed with the Florida I	Dept. of State)	
P	21000091406		
(Document Nu	imber of Corporation (if known)		· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	es, this <i>Florida Profit Corporatio</i>	n adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporat	tion:		
-0-			The new
name must be distinguishable and contain the word "corporat" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	Co". A professional corporation	ed" or the abbrevia n name must cont	tion "Corp.," ain the word
B. Enter new principal office address, if applicable:	-0-		
(Principal office address MUST BE A STREET ADDRESS	()		
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-0-		
			
D. If amending the registered agent and/or registered off	ice address in Florida, enter the	name of the	. —
new registered agent and/or the new registered office	address:		-
Name of New Registered Agent -0-			
	lorida street address)		
-0-	,	721	14, CD
New Registered Office Address:	(City)	, Florida 	ip Code)
	(44)		•
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the oblige	utions of the position	n.
Signature a	of New Registered Agent, if change	ino	
.ngnata e o	g 1.5.7 Togotor od rigorii, y chang	о	
Check if applicable	20 (11) (-) T.C		
☐ The amendment(s) is/are being filed pursuant to s. 607.01	20 (11) (e), r.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	PT	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>	Address
1) X Change	S	ALEXANDER GOMEZ	1520 SE 46TH LN. UNIT C
Add			CAPE CORAL, FL 33904
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			- c
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	
	
	
	(
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(1) not appricable, marcule 102)	
	<i>د</i> . د
	
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	<u> </u>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 10/20/23 (no more than 90 days after amendment file date)	s u
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 10/20/3	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	2
MARIA A. VILLA CASTELLANOS	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	
(Title of person signing)	
	- <u>-</u>

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