

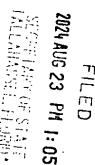
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TION:	TWISTER HOME ROOF	TING, INC.	
DOCUMENT NUMBER	l:	P21000091406		
The enclosed Articles of A	Amendment and fee are su	ubmitted for filing.		
Please return all correspor	ndence concerning this ma	atter to the following:		
	МА	RIA A. VILLA CASTELL	ANOS	
		Name of Contact Person	n	
		TWISTER HOME ROOF!	NG. INC	
		Firm/ Company		
		5540 BANNING ST		
<del></del>		Address		
		LEHIGH ACRES, FL 33	971	
		City/ State and Zip Cod	e	
	TWIS	TERHOMEINC@GMAIL	.СОМ	
****	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	- ,	239	<u>, 219-7314</u>	
Name of C	ontact Person	at (at Co-	) de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:	
\$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## TWISTER HOME ROOFING, INC

( <u>Name of Corporation as ct</u>	currently filed with the Florida Dept. of State)
P.	221000091406
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:
-0-	T
name must be distinguishable and contain the word "corporati" Inc., "or Co.," or the designation "Corp," "Inc," or "C" chartered," "professional association," or the abbreviation	The new tion," "company," or "incorporated" or the abbreviation "Corp.,"  Co". A professional corporation name must contain the word "P.A."
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-
	<b>1024</b>
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent -0-	
(Flo.	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:
nevery accept the appointment as registered agent. I am jun	mutar with and accept the ortigations of the position.
Signature of .	New Registered Agent, if changing
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)

Example:

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 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	S	ALEXANDER GOMEZ	1520 SE 46TH LN. UNIT C
Add			CAPE CORAL, FL 33904
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		····	
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Remove			
6) Change	<del></del>		
Add			
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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. 08/31/2024 Effective date if applicable: (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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) 08/10/12020 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)

MARIA A. VILLA CASTELLANOS

(Typed or printed name of person signing)

**PRESIDENT** 

(Title of person signing)