P21000091406

	(Requestor's Name)
	(Address)
	(Address)
, <u>,</u>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer





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09/09/24--01016--007 **35.00

2024 SEP -9 AH II: 25
SECATIANT OF STATE
TALLANASSLE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION:	TWISTER HOME ROOF	FING, INC.		
DOCUMENT NUMBE	P21000091406				
The enclosed Articles of	"Amendment and fee are su	ibmitted for filing.			
Please return all correspondent	ondence concerning this ma	atter to the following:			
	MA	RIA A. VILLA CASTELL	ANOS		
_	·-	Name of Contact Perso	n		
		TWISTER HOME ROOF	ING, INC		
_		Firm/ Company			
	5540 BANNING ST				
	·	Address			
	LEHIGH ACRES, FL 33971				
_		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 of	concerning this matter, plea	se call:			
MARIA A. VILL	A CASTELLANOS	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 Dep	artment of State:		
S35 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)		
Amend Division	ng Address Iment Section on of Corporations ox 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

TWISTER HOME ROOFING, INC

(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: -()-

B. Enter new principal office address, if applicable:	-()-	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-0-	
		024 SE
		# P F
D. If amending the registered agent and/or registered office		
new registered agent and/or the new registered office at	<u>idress:</u>	
Name of New Registered Agent		<u> </u>
•		Control of the contro
(Flor	rida street address)	
New Registered Office Address:		. Florida
	(Citv)	(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.

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 PT John Doe X Remove Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) VΡ Jose De Jesus Pacheco Copado Cerezo 373 Muskegon Ave 1) Change __ Add Fort Myers Fl 33905 Remove 2) ____ Change ____ Add __ Remove 3) Change ____ Add Remove 4) ____ Change ____ Add Remove 51 ____ Change ____ Add Remove 6) ____ Change ____ Add

	(Be specific)			
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				<u></u>
				
				
			== =:::	
				
If an amendment provides for an exchan	ge, reclassification.	or cancellation of i	ssued shares.	
provisions for implementing the amend	ment if not containe	d in the amendmer	ıt itself:	
(if not applicable, indicate N/A)				
		-		

The date of each amendment(s) adoption	n;	, if other than t
date this document was signed.	00/05/2024	
Effective date if applicable:	09/05/2024	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Departm	oes not meet the applicable statutory filing require ent of State's records.	ements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted baction was not required.	y the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes cast for that for approval.	ne amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The folvoting group entitled to vote separately on the amen	llowing statement dment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	."	
.,	(voting group)	
Dated 09	103 24)
Signature		
(By a director selected, by a	president or other officer – if directors or officers he incorporator – if in the hands of a receiver, trustee uciary by that fiduciary)	
	MARIA A. VILLA CASTELLANOS	
-	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)