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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MORAN CREW!	ROOFING INC.		_
DOCUMENT NUM	4BER: P22000030130			-
The enclosed Article	es of Amendment and fee are st	abmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	Erin Moran			
		Name of Contact Perso	n	
		Firm/ Company		
	18046 DOLAN LANE			
		Address		
	ORLANDO, FL 32820			
		City/ State and Zip Cod	e	
	moranerin07@gmail.com			
	E-mail address: (to be u	sed for future annual report	notification)	•
For further informati	on concerning this matter, plea	se call:		227
Erin Moran		at (327-0237	
Name	e of Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check f	for the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	□\$43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52,50 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

MORAN CREW ROOFING INC.				
(Name	of Corporation as curren	tly filed with the Florida	Dept. of State)	
P22000030130				
	(Document Number	of Corporation (if known)	•••	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporati	on adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
Moran and Crew, Inc.				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporati		on "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS	N/A		
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A		
D. If amending the registered agent an new registered agent and/or the ne			e name of the	72
Name of New Registered Agent N/A		 	- · ·	
	(Florida si	reet uddress)		4 14
New Registered Office Address:	N/A	<u> </u>	, Florida	
	(City)		(Zip C	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	<u>t:</u> with and accept the obliga	ations 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)

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 <math>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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change			N/A	
Add				
Remove				
2) Change				
Add				···
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				
1001070				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
<u>- </u>	
 	
<u> </u>	
F. If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
N/A	

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The date of each amendment(s) adoptidate this document was signed.	on:	4 5	2024	, if other than the
Effective date if applicable:	(no more tha	1 5 in 90 days d	ofter amendment	file date)
Note: If the date inserted in this block document's effective date on the Departs			ntutory filing rec	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted action was not required.	by the incorporators,	or board of	directors without	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		The number	r of votes cast fo	or the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each				
"The number of votes cast for the	ne amendment(s) was/	/were suffic	ient for approva	1
by	(voting group)		····	
DatedSignature(By a director	r, president or other o	officer – if d	lirectors or offic	ers have not been
selected, by	an incorporator – if inducing the duciary by that fiduciary by the fiducia	the hands		
	(Typed or print	ed name of	Y Q V person signing)	
	(Title of person	nel-		