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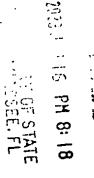
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(Business Entity Name)
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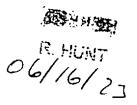
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COVER LETTER

. ...

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MY FUTURE ROO	OF CORP		_	
DOCUMENT NUM	D22000017392			_	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			- 1
	NANCY CASTELLON				
		Name of Contact Person		7. A.A.	. : 16
	1440 NW 24 ST	Firm/ Company		SSEE	118 PH 8: 18
	MIAMI, FL, 33142	Address		FL	81 :
		City/ State and Zip Code			
	EBLI@BELLSOUTH.NET				
	E-mail address: (to be us	ed for future annual report	notification)	_	
For further information	n concerning this matter, pleas	se call:			
EBLI DE LA ROSA		786	326-7365		_
Name of Contact Person		Area Cod	le & Daytime Telephone N	umber	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	☐S43.75 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		Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 8 ssee, FL 32303	10	

Articles of Amendment to Articles of Incorporation of

to

MY FUTURE ROOF CORP

MY POTORE ROOF CORP		D ((C) ()
(Name of Corporation as currer	<u>itly liled with the Florid</u>	a Dept. of State)
P23000017382	<u> </u>	
(Document Number	of Corporation (if know	1)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is <i>Florida Profit Corpord</i>	ntion adopts the following amendment(
A. If amending name, enter the new name of the corporation:		
MY FUTURE ROOF INC		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corpora	rated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	##)
(Principal office address MUST BE A STREET ADDRESS)		5
		72) 0
		7,44 p. p.
C. Enter new mailing address, if applicable:	N/A	SE PH
(Mailing address MAY BE A POST OFFICE BOX)	······	
		<u></u>
		•
	Iduaga in Manida anton (the name of the
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		he hang of the
N/A		
Name of New Registered Agent		
(Florida .	street address)	
No. B. San A. M. San A. Marrier		. Florida
New Registered Office Address:	(City)	(Zip Code)
	.,	
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obli	igations of the position.
Signature of New	Registered Agent, if chai	 กงาทช
Signature by them	negioterea agent, y chai	'6'''5

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	PT	<u>John Doe</u>	
\underline{X} Remove	\underline{V}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		<u>N/A</u>	<u>درمو</u> درمان درمان
Add			
Remove			57. T.
2) Change			- 37 = M
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
/A	
	-
	202
	三: - ::::
<u> </u>	<u> </u>
	PM SSE
<u>. </u>	E.S. 89
	T 2
	_ E 8
	**
If an amendment provides for an exchange, reclassification, or cancellation of issued st	hares,
If an amendment provides for an exchange, reclassification, or cancellation of issued states provisions for implementing the amendment if not contained in the amendment itself:	hares,
If an amendment provides for an exchange, reclassification, or cancellation of issued states provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	hares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	hares,
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	hares,
provisions for implementing the amendment if not contained in the amendment itself:	hares,

	06/12/2023	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	2023
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	en e
by	(voting group)	Q) :
06/12/202	SEF SI	PH 8: -
Dated/\ Signature/\	Jan Partilla	8
(By ay select	director, president or other officer – if directors or officers have not been ed, by an incorporator – it in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	NANCY CASTELLON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	