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2023 SEP -5 AM 9: 18

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: H.L. ROOFING SI	ERVICES INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Leyla Guzman		
		Name of Contact Persor	1
	Guzman Tax Services		
		Firm/ Company	
	5270 Golden Gate Parkway S	Suit 103	
•	<del></del>	Address	
	Naples FL 34116		
		City/ State and Zip Code	:
	office@guzmantaxes.net		
		sed for future annual report	notification)
for further information	n concerning this matter, pleas		328-1442
Name of Contact Person		at ( 682	de & Daytime Telephone Number
	the following amount made		,
S35 Filing Fee	☐S43.75 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)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment Articles of Incorporation of

		nt	
	to Articles of Incorporati	on .	2023
L BOOTING SERVICES INC	of		103 SEP 5 14 9.
.L. ROOFING SERVICES INC		20 AL DI 2 L D A 280A	3 3 4x
	Corporation as currently filed w	th the Florida Dept. of State	9.
23000032610	(1) (1) (2)	2 200 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Document Number of Corpora	tion (ii known)	
rsuant to the provisions of section 607.100 Articles of Incorporation:	6, Florida Statutes, this <i>Florida I</i>	<i>rofit Corporation</i> adopts the t	ollowing amendment(s) to
If amending name, enter the new name	of the corporation:		
L CONTRACTOR SERVICES INC.			The new
nme must be distinguishable and contain the Inc.," or Co.," or the designation "Corporation "Corporation "Corporation," or	o," "Inc," or "Co". A profess	or "incorporated" or the abt ional corporation name must	reviation Corp., contain the word
Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>			
Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
	<del></del>		
If amonding the registered upont and/a	r registered office address in Fl	orida, enter the name of the	
If amending the registered agent and/onew registered agent and/or the new recommendation to the new registered agent and/or the new recommendation to the new registered agent and/or the new recommendation to the new registered agent and/or the new registered agent and/or the new recommendation to the ne		orida, enter the name of the	
new registered agent and/or the new re		orida, enter the name of the	
		orida, enter the name of the	
new registered agent and/or the new re	egistered office address:		
new registered agent and/or the new registered Agent  Name of New Registered Agent		s)	
new registered agent and/or the new re	egistered office address:		

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 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>	<u>John Do</u>	<u>oc</u>	
X Remove	V	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		<del></del>		
Add				
Remove 3) Change		_		
Add			, <u> </u>	
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

Attach.additional	lding additional Articl sheets, if necessary).	(Be specific)			
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lf an amendment	<u>provides for an exchai</u>	ige, reclassificat	ion, or cancellat	<u>ion of issued shar</u>	es,
(if not applied	plementing the amendable, indicate N/A)	<u>lment if not cont</u>	ained in the am	endment itself:	
(ij noi appaci	ine, indicate way				
<del> </del>	····	<del></del>			
			<del></del>	<del></del>	
				<u>,- , , , , , , , , , , , , , , , , , , </u>	
				<del></del>	

The date of each amendmendate this document was signe		, if other than the
Effective date <u>if applicable</u> :	08/30/2023	
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder a	etion and shareholder
	ere adopted by the shareholders. The number of votes cast for the amendme were sufficient for approval.	ent(s)
	ere approved by the shareholders through voting groups. The following state led for each voting group entitled to vote separately on the amendment(s):	ement (
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	OPEZ GARAY	
,	(voting group)	
08/30	0/2023	
Dated		
Signature _		
	By a director, president or other officer – if directors or officers have not bee	<del></del>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other committed fiderings by the fiderings	ourt
il	ppointed fiduciary by that fiduciary)	
	OMAR 1 OPEZ GAR AY (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	4 VST	
	(Title of person signing)	