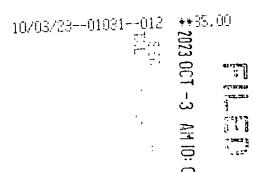
P23000035356

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: EAGLE ROOFING	3 & MORE CORP	
DOCUMENT NU	ABER: P23000035356		····
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	DEVORA CRUZ		
		Name of Contact Persor	1
	AMBAR FINANCIAL SERV	VICES CORP	
		Firm/ Company	
	1897 PALM BEACH LAKE	S BLVD S 207	
		Address	
	WEST PALM BEACH, FL 3	3409	
		City/ State and Zip Code	e e
	DEVORACRUZ@BELLSO	UTH.NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
DEVORA CRUZ		561 at (779-8027 de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
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)
A D P.	ailing Address mendment Section (vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

	177	7 13	/ X / X L* L X 1/			472 CO 13 13
11.7	VUI	. I: K	OOFING	r & MOI	Kt.	CURP

EAGLE ROUTING & MORE CORP	
(Name of Corporation as cui	rrently filed with the Florida Dept. of State)
P23000035356	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
$(Principal\ office\ address\ \underline{MUST\ BE\ A\ STREET\ ADDRESS\ })$. 2
	023
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	الله الله الله الله الله الله الله الله
	<u> </u>
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent	
Name by New Megistirea Agent	· · · · · · · · · · · · · · · · · · ·
W.	ida street address)
(F lor.	na street auth ess)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam	tiliar with and accept the obligations of the position.
Simulation of N	New Registered Agent, if changing
Signature of v	an acquared agent, y changing
Check if applicable	
\square 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		
\underline{X} Remove	V	Mike Jones		
X Add	<u>SY</u> .	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	VP	JAIME J FLORES-CAS	TELLON	426 EVERGREEN DR
X Add				LAKE WORTH FL 33461
Remove				
2) Change			-	
Add				
Remove 3.) Change	<u>-</u>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				<u> </u>

Attach additional sheets, if necessary).	icles, enter change(s (Be specific)	———		
				
	-1			
	· · · · · · · · · · · · · · · · · · ·	-, 		
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification	on, or cancellation	of issued shares,	
nravitiant for implementing the sing	nument if not conta	unco in the amenda	nent resen.	
(if not applicable indicate N/4)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)		······································		
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

i i

09/28/2023
The date of each amendment(s) adoption:
09/28/2023
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 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 east 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
MANUEL D VILLATORO GRANADOS
by (voting group)
09/28/2023 Dated
Signature (By a director, president or other officer – if directors or officers have not been
(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)
MANUEL D VILLATORO GRANADOS
(Typed or printed name of person signing)
PRESS

(Title of person signing)