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of 12/10/2023

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Oasis Coastal Roofing DOCUMENT NUMBER: P23000079516 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Oren Gulasa Name of Contact Person Oren Gulasa CPA Services Corp Firm/ Company 20900 NE 30th AVE Address Aventura FL 33180 City/ State and Zip Code Info@ogcpaservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 767-7408
Area Code & Daytime Telephone Number Oren Gulasa Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee S43.75 Filing Fee & # \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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

2023 HSY 27 MH 9: 24

Oasis Coastal Roofing Inc	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P2300007951	6
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
-	_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 corporation name musi contain the word
	2234 N Federal Hwy STE 349
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boca Raton FL 33431
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2234 N Federal Hwy STE 349
	Boca Raton FL 33431
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	88:
Name of New Registered Agent Oded Shemla	
223 N Federal	Hwy STE 349
(Florida s	ireet address)
New Registered Office Address: Boca Raton	. Florida 33431 _
New Registered Office Address. Boca Maton	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent thereby accept the appointment as registered agent. I am familiar	nt:
I hereby accept the appointment as registered agent. I am jamata	yan tana accept in oniganona sy sie position
\mathcal{M}	
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 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Oded Shmela	2234 N Federal Hwy STE 349
Add			Boca Raton FL 33431
x Remove			
2) Change	P	Oded Shemla	2234 N Federal Hwy STE 349
XAdd			Boca Raton FL 33431
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amo	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

.

The date of each amendment(s) adoption:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 cast 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 amendments). "The number of votes cast for the amendment(s) was/were sufficient for approval by
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"The number of votes cast for the amendment(s) was/were sufficient for approval by
by
(voting group)
11/14/2023
Dated
Signature
(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)
Oded Shemla
(Typed or printed name of person signing)
President

(Title of person signing)