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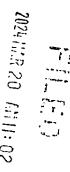
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: ROOFTOP AND N	MORE DELIVERY SERVI	CFS INC.			
DOCUMENT NUME						
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	Yurguis Morera					
		Name of Contact Person				
		Firm/ Company				
	3601 E 10th Ave					
	Address					
	Hialeah/ Florida 33013					
		City/ State and Zip Code	2			
	rooftopandmore@hotmail.co	m				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea	se call:				
Yurguis Morera		at (⁷⁸⁶	316-7625			
Name (of Contact Person		de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:			
■ \$35 Filing Fee	☐ \$43.75 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		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation** of

ROOFTOP AND MORE DELIVERY S	SERVICES INC.		
(<u>Name</u>	of Corporation as curr	ently filed with the Florid	
P24000013445			ia Deptaof State)
	(Document Numb	er of Corporation (if know	n) '
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes,	this <i>Florida Profit Corpor</i> d	ation adopts the following amendment(s)
A. If amending name, enter the new r Morera Trucking Services, INC	name of the corporation	<u>1:</u>	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co"	'. A professional corpore	The new prated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address		Not Applicable.	
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)		,-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not Applicable.	
D. If amending the registered agent a	nd/or registered office :	address in Florida, enter	the name of the
new registered agent and/or the ne Name of New Registered Agent	Not Applicable.	ress:	
Name of New Registered Agent			
	(Florid	a street address)	
New Registered Office Address:	Not Applicable.	,	
New Registered Office Address:		(City)	, Florida
New Registered Agent's Signature, if on the last regise if the appointment as regised.	changing Registered Ag tered agent. I am famili	tent: iar with and accept the obl	igations of the position.
	Signature of Ne	w Registered Agent, if char	nging
Check if applicable ☐ The amendment(s) is/are being filed p			·o···o

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		<u></u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			· 	
Remove				

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
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lf an	amendment pro	vides for an excl	iange, reclassific	ation, or cancella	ation of issued s	hares,	
pro	ovisions for imple (if not applicable	menting the ame , indicate N/A)	<u>ndment if not co</u>	<u>ntained in the ar</u>	nendment itself	<u>:</u>	
A	.,	,					
			 				
			 				
• • • • • • • • • • • • • • • • • • • •							

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	adoption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the arresulting esufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
12/Mar/ Dated_	2024	
Signature/		
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	not been other court
	Yurguis Morera	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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