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(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Rightway Restora	tion Inc		
DOCUMENT NUM	BER:	 -		
The enclosed Articles	s of Amendment and fee are so	ibmitted for filing.		
Please return all corre	espondence concerning this ma	ntter to the following:		
	Samuel Kikla			
		Name of Contact Persor		
	Rightway Restoration Inc			
	<u> </u>	Firm/ Company	Λ	
	2840 Allen 1	till Ave Ste	Δ	
	1840 Allen 1 Melbourne,	Address		
	- 1 (816001 me)	City/ State and Zin Code	<u>, </u>	
		(N.y Marc and - March and	•	
	skikla21@gmail.com	sed for future annual report		
Sam Kikla	on concerning this matter, plea		480-1440 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	-
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐ 843.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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			Address Iment Section	

Articles of Amendment to Articles of Incorporation

Rightway Restoration Inc.			
(Name of Corporation as currently filed with the Florida Dept. of Sta	<u>te</u>)		
(Document Number of Corporation (if known)		-	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following	amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."	bbreviation (1 "Corp.,	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address in Florida, enter the name of th	<u>e</u>		
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address:	1		
City)	Zip Ce	nle)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the μ	DOSHIOH.		
		202	
		2024 OCT	44545
Signature of New Registered Agent, if changing		7	#TOPACO
	5AS	7	P 41.
Check if applicable ☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e). F.S.	OF SI	h HJ	

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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CEO	Jeremy Johnston	1464 Laconia St. Sebastian, FL
X Add			Jebustian, FL
Remove			32958
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		_	
Add			
Remove			
6) Change			
Add			2024 OC SECRI
Remove			- <u> </u>
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	ditional Articles, enter chang necessary).— (Be specific) + (f -)					
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provisions for implement	s for an evchange, reclassific ting the amendment if not co	ation, or cancellation o ntained in the amendm	rissued snares, ient itself:			
(if not applicable, indi	icaic NA) N A					
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				ASSEE, FL	H 1: 34	į.

The date of each amendment(s date this document was signed.	s) adoption:9/(6/24	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	9
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 the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the an e sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The followi for each voting group entitled to vote separately on the amendme	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
Incorporators		
	(voting group)	
9/16-24 Dated Signature	1	
(By sele	a director, predident or other officer – if directors or officers have cred; by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	Samuel Kikla	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

2024 OCT -7 PH 4: 3