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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: BEST CHOICE RO	OOFING SERVICES COR	P
	NUMBER: P24000043334		<u> </u>
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Kener I Roblero		
		Name of Contact Persor	1
	BEST CHOICE ROOFING S	SERVICES CORP	
	 	Firm/ Company	
	1040 Willow Way		
		Address	
	Apopka, FL 32703		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2
	roblerokener1@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further infor	mation concerning this matter, plea	se call:	
Kener I Roblero		at (<u>407</u>	470-3462
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	Fee S43.75 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	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Best Choice Roofing Services Corp			
(Name of Corporation as curren	ntly filed with the Florida Dept.	. of State)	
P24000043334			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation ad	opts the followi	ing amendment(s) to
A. If amending name, enter the new name of the corporation:			
BEST CHOICE REMODELING SERVICES CORP			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 no		tion "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 adnew registered agent and/or the new registered office address Name of New Registered Agent		SECULIA STATE STATE STATE CORING	2021 FILED
			_
(Florida	street address)		
New Registered Office Address:	(City)	, Florida <u>(Zip</u>	p Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia Signature of New Check if applicable		s of the position	r. ——
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (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.

X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) Change	
X Add SV Sally Smith Type of Action (Check One) 1) Change	
(Check One) 1) Change	
Add	
Remove	
2) Change	
Add	
Remove	
Add	_
Remove	
4)Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	
Remove	

					
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in amendment provides for an excl	iange, reclassific	cation, or cancel	lation of issued s	hares,	
ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ontained in the a	mendment itsel	<u>f:</u>	
(y noi applicable, marcale WA)					
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The date of each amendment(s) adoption: $8/8/2024$. if other than the
date this document was signed.
Effective date if applicable: 8/8/2024 - (no more than 90 days after amendment file date)
Effective date if applicable: 8 2 2 2 4 (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 the 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 amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
Dated_ 8/8/2024.
Signature X
(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
Title of person signing) ABNER I. RobleRo
(Typed or printed name of person signing)
PRESZDEN +
(Title of person signing)