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TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ADVANCED HO	ME REPAIR & LANDSCA	APNG INC.
DOCUMENT NU	P04000122254	12 100	
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all con	respondence concerning this ma	tter to the following:	
	BENJAMIN D. CONKLIN		
		Name of Contact Person	1
		Firm/ Company	
	11308 CLAUDINE COURT		
	JACKSONVILLE, FL 32225	Address	
		City/ State and Zip Cod	e
	bdconklin2@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	tion concerning this matter, plea	se call:	
BENJAMIN D. CO	ONKLIN	904 at (626-6085
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 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 Tallahassec, 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 Articles of Incorporation of

(Name of Corporation as o	currently filed with the Florida D	ept. of State)	
P04000122254			
(Document N	umber of Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	ites, this <i>Florida Profit Corporation</i>	adopts the following am	endment(s) t
A. If amending name, enter the new name of the corporal ADVANCED HOME REPAIR, INC.	ation:	The	e new
name must be distinguishable and contain the word "corpora," "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	'Co". A professional corporation	d" or the abbreviation "C n name must contain the	Corp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </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 off new registered agent and/or the new registered office		name of the	
Name of New Registered Agent			
	T. I was a life and		
(ri	lorida street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent:	2025 JUI	
Simatura	of New Registered Agent, if changin	<u> </u>	<u> </u>
signature o	у нен педыеген ядені, у спипун	•	ט רו
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.01	120 (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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sm	nith .	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
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4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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The date of each amendment(s) ado date this document was signed.	otion:, if other than the
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	the amendment(s) was/were sufficient for approval
BENJAMIN D. CONKL	N
	(voting group)
DatedSignature	+) // /
selected,	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
В	ENJAMIN D. CONKLIN
_	(Typed or printed name of person signing)
P	RESIDENT
_	(Title of person signing)