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COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	Hach	be Home	services corp	
DOCUMENT NUME	BER: \$ 12 0000	710950		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	Jose 1	Vanvel (chica	
		Firm/ Company		
	2925	rw zzNa	AVE APT 202 =/ 33445	
	Dalrau	Address	-1 22111	
	penag	City/ State and Zip Code	27 33443	
	Machibez	010 @ HO	Tmail.com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Vearia	I chica	at (56/	699-9905 le & Daytime Telephone Number	
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)	
	ling Address		Address	
	ndment Section sion of Corporations		Amendment Section Division of Corporations	
P.O.	Box 6327	Clifton	Building	
Talla	ihassee, FL 32314		xecutive Center Circle ssee, FL 32301	

Articles of Amendment to

SECRETARY OF STATE TALLAHASSEE, FLORIDA
--

	Articles of Incorporation	TALLAHASSEE, FLORIDA
1 sachila un	me services co	
		1P 11 m 35
	filed with the Florida Dept. of State)	
P /2000 2 (Document Number of	90 11	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> ad	opts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the	rp," "Inc," or "Co". A professional corpora ne abbreviation "P.A."	tion name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: 2925 54 DDRESS) APT 202	22Nd Ave
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	2925 CW	22Nd Ave
	Delvay B	Geach 7/33445
D. If amending the registered agent and/or regist new registered agent and/or the new registere	cieu omice address in Piorida, chier the han	ne of the
Name of New Registered Agent	5 SW 22 Nd Ave Ap7 (Floridà street address)	202
	vay Beach, Florida_	
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agent.		s of the position.

Signature of New Registered Agent, if changing

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 <math>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>	<u>Addres</u> s
1) Change	P	Jose M chica	2925 SW ZZNOAVE
Add			Pelray Beach, F133445
2) Change		Maria I chica	Delray Beach, F133445 2925 SW 22Nd Are
Add Remove			APT 202 Delray Beach Fl 33445
3) Change			
Add			
4) Change			
Add			
5) Change			
Add			
δ) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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f an amendment provides for an exch provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: 8/23//2
The date of each amendment(s) adoption: 8/23//2
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president of other officer – if directors or officers have not been
(By a director, <u>president of other officer</u> — if directors or officers have not been selected, by an interportator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tose Manuel Chica (Typed or printed name of person signing)
✓ (Typed or printed name of person signing)
Presiden T Title of person signing)
Hitle of person signing)