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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HAIFA HOME RI	EMODELING CORPORA'	TION
DOCUMENT NUMB	P15000071168		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RAYMOND E DOWNS		
•		Name of Contact Person	1
-		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	9060 NW 8 ST APT 406		
•		Address	
_	MIAMI FL 33172		
		City/ State and Zip Cod	e
raymo	ndmahanaim@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Raymond E Downs		at (305	763-6896
Name o	f 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:
\$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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

•	Articles of Amendment	2016 FEB PA
	to Articles of Incorporation	WIEFED &
	of	14/50pm 0 0
AAIFA HOME REMODELING CORPORAT	TION	ARREAD PA
· · · · · · · · · · · · · · · · · · ·	rporation as currently filed with the Florida Dep	t. of State)
15000071168		
'	(Document Number of Corporation (if known)	•,
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corporation</i> a	dopts the following amendment(
. If amending name, enter the new name o	of the corporation:	
HA	IFA ENTERPRISES CORPORATION	The new
	the word "corporation," "company," or "incorp n "Corp," "Inc," or "Co". A professional corpor " or the abbreviation "P.A."	
. Enter new principal office address, if app		
Deimainal office addrson MUCT DE 4 CTDEL	ET ANNBERRY	
rincipal office address <u>MUST BE A STREE</u>	<u>ET ADDRESS</u>) 	
Principal office address <u>MUST BE A STREF</u>	<u>ET ADDRESS</u>)	
. Enter new mailing address, if applicable	<u></u>	
	<u></u>	
. Enter new mailing address, if applicable	<u></u>	
. Enter new mailing address, if applicable	<u></u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	e: ICE BOX)	me of the
	e: ICE BOX) 	me of the
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) . If amending the registered agent and/or new registered agent and/or the new registered agent.	e: ICE BOX) registered office address in Florida, enter the natistered office address:	me of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new registered agent.	e: ICE BOX) 	me of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) If amending the registered agent and/or new registered agent and/or the new reg	e: ICE BOX) registered office address in Florida, enter the natistered office address:	me of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) Mailing address MAY BE A POST OFFI Mailing address MAY BE A POST OFFI Mailing address MAY BE A POST OFFI Mailing address, if applicable Mailing address MAY BE A POST OFFI Mailing address MAY BE A POST O	e: ICE BOX) registered office address in Florida, enter the natistered office address: (Florida street address)	me of the

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>Nar</u>	<u>me</u>	Address
1) Change				
Add				
Remove				
2) Change		<u> </u>		
Add				<u></u>
Remove				
3) Change				
Add				
Remove				
4) Change				
, Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
, ,	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
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provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

•	01/21/ 2016	
The date of each amendment(s) :	doption:	, if other than the
date this document was signed.		
-	21,/2016	
Effective date if applicable:	-1,20.0	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmer ufficient for approval.	it(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	lder
01/21/201	6	
Dated	O .	
Signature	Det	<u>.</u>
select	director, president or other officer — if directors or officers have not been been an incorporator — if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	RAYMOND E DOWNS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	