## P1600055221

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=,
(Document Number)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: DOCS Building and Home Solutions Inc.  DOCUMENT NUMBER: P1600055221
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Cerezo  Name of Contact Person
Does Puilding and Home Solutions Inc.
2220 County Rd 210 Address
Saint Johns FL 32259 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Cerezo at 904 421-5160  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Opy  (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatist Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	. The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL	
	00 P. 10 P.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>9X</b> )
D. If amending the registered agent and/or registered new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	zistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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 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	PT	John Do	<u>e</u>		
X Remove	<u>y</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
l)Change			Jose _	Quintanilla	14 Bushwick Ave
X Add					Brennwood, NY
Remove					11717
2)Change	<del></del>				
Add					
Remove					
3)Change	····	<del></del>			
Add					
Remove					
4)Change		<del></del>			
Add					<u> </u>
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add		···			
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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	755 W TOTAL WAR AND A CONTRACTOR OF THE PARTY OF THE PART
***************************************	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	August 29, 2016 (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of the special of the shareholders.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	,
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	r
	ugust 29, 2016	
selecte	irector, president or other officer - if directors or officers have not be d, by an incorporator - if in the hands of a receiver, trustee, or other of ted fiduciary by that fiduciary)	
	Tourid Cerezo (Typed or printed name of person signing)	
	President (Title of person signing)	
	(The or person signing)	