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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: HAND	DY MATE HANDYMAN SERVICES INC.					
DOCUMENT NUMBER	:	P1800003	9807	· -	-		
The enclosed Articles of A	mendment and fee are su	bmitted for filing	ļ .				
Please return all correspond	dence concerning this ma	tter to the followi	ing:				
		STEPHANE P	OIRIER				
	Name of Contact Person						
 -		Firm/ Co	mpany				
		14722 SW	155 PL				
		Addre	ess				
MIAMI, FL. 33196							
		City/ State and	d Zip Cod	c			
	STI	EPHANE_BROTHE	₽⋒∨⋏∺∩∩	COM			
	E-mail address: (to be us	_			on)		
For further information con- STEPHANE		e call:	305)	200-2609		
Name of Co	at (Area Co	de & Dayı	time Telephone Number			
Enclosed is a check for the	following amount made p	payable to the Flo		•	•		
□ \$35 Filing Fee [□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional control of the control o	ру	Certi: Certi: (Add	50 Filing Fee ficate of Status fied Copy itional Copy closed)		
Mailing Amendme Division of P.O. Box Tallahasse	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(. Table of Colporation as cul	rrently filed with the Flo	orida Dept. of Sta	<u>te</u>)	
P18	000039807			
(Document Num	ber of Corporation (if kn	own)		
tursuant to the provisions of section 607.1006. Florida Statutes s Articles of Incorporation:	, this <i>Florida Profit Corp</i>	poration adopts the	following amen	dment(s)
If amending name, enter the new name of the corporation	<u>n:</u>			
CRYSTAL PALACE GEMS			The	new
ame must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." ord "chartered," "professional association," or the abbrevia	or "Co". A profession	r "incorporated" al corporation nai	or the abbrevia me must contain	tion the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	-	NA		_
			ALLAH ALLAH	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	38 - 1	_=
				_m
	<u> </u>		9: #	
If amending the registered agent and/or registered office	addrace in Florida ant		7. ⊗	
new registered agent and/or the new registered office ad-		er the name of the	<u>.</u>	
	NA			
Name of New Registered Agent				
Name of New Registered Agent	NA .			
	NA da street address)			
		. Florida		

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	<u>PT</u>	John Do	<u>oe</u>			
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	Title		<u>Name</u>			<u>Address</u>
l) Change		_		Na	-	
Add						
Remove						
2) Change		_		Na	-	
Add						
Remove						
3) Change		<u></u>		NA	-	· · · · · · · · · · · · · · · · · · ·
Add						
Remove						
4) Change				NA	-	
Add						
Remove						
5) Change		-		NA	_	
Add						
Remove						
6) Change		_		NA	_	
Add						
Remove						

II amending or a [Attach additional	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
	Article III Amendment
	The purpose for which this corporation is organized is:
	RETAIL/WHOLESALE AGENT/BROKER
	
	
	
ın amendment j	provides for an exchange, reclassification, or cancellation of issued shares.
rovisions for im (if not applica	plementing the amendment if not contained in the amendment itself:
	NA .

The date of each amendment(s) adoption:	03/01/2019	, if other than the
date this document was signed.		
Effective date if applicable:	03/01/2019	
(no n	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	t the applicable statutory filing requirements, this records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK (ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approve	olders. The number of votes cast for the amendme	nt(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group	nolders through voting groups. The following state entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment	(s) was/were sufficient for approval	
by NA		
(voting gro	up)	
 □ The amendment(s) was/were adopted by the board of action was not required. □ The amendment(s) was/were adopted by the incorporaction was not required. 		
Dated 03/01/2019		
Signature Stypane Par	rila	
(By a director, president or	other officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other contents $\frac{1}{2}$	en ourt
	STEPHANE POIRIER	
(Typed	or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	