P01000008571

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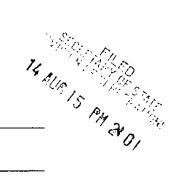
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OBD HAN	NDYMAN S	SERV	ICES INC.		
DOCUMENT NUMBER:	P070000	08571				
The enclosed Articles of Amendm	sent and fee are sul	bmitted for filing.				
Please return all correspondence of	oncerning this mat	ter to the following	ng:			
OMAR	F PLAZA					
A		Name of Cont	act Persor	1		
OBD H	IANDYMAI	N SERVIC	ES IN	C.		
		Firm/Con	npany			
8061 N	8061 NW 71st CT					
Address						
TAMA	RAC, FLO	· ·				
		City/ State and	l Zip Code			
feropla	aza@hotma	ail.com				
E-mai	l address: (to be us	ed for future annu	ual report	notification)		
For further information concerning	g this matter, pleas	se call:				
OMAR F. PLAZA		at (954	, 592-0137		
Name of Contact I	erson			de & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made p	payable to the Flo	rida Depa	utment of State:		
_	75 Filing Fee & ificate of Status	S43.75 Filing Certified Cop (Additional conclosed)	DZ.	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address				Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Articles of Amendment Articles of Incorporation of



OBD HANDYMAN SERVICES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000008571

ent(s) to

10700000371			
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amendm
A. If amending name, enter the new na			The nev
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corpor	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
,			·····
D. If amending the registered agent an new registered agent and/or the new			me of the
Name of New Registered Agent	N/A		
<u>Name of New Registered Agent</u>			_
	(Florida stre	et address)	_
New Registered Office Address:	N/A	T11-	
New Registerea Office Address.	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligation	ns of the position.
	mature of Mary Pagistayed 4	and if shanning	_

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>14</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>Na</u>	<u>me</u>	Address
1) Change	<u></u>	_ DI	ANA C. PLAZA	8061 NW 71st CT.
Add				TAMARAC, FL 33321
Remove				
2) Change		<u> </u>		
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				4.4 to - 4.4 m
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
-t				
	_			
	—			

	_			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A				

The date of each amendment(s) adoption: N/A	
date this document was signed.	
Effective date if applicable: AS SOON AS AMENDMENT IS APROVED	
(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 by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07/31/2014	
Signature MAR PIAZA	
(By adrector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	
OMAR F. PLAZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	