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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L-S/Mys broup Homis Corporation
DOCUMENT NUMBER: NO/00000/205
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person THOMHS & CO CAAPA. Firm/ Company
Name of Contact Person
THOMPS & CO CPAPA
Firm/ Company
9710 Stirling & # 101
Sylo Stirling & # 101 Address Cooper city = 1.33024 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
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 (Additional copy is enclosed) Certificate of Status Certificate Opy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ESTHER'S bx	POUP	HOME	CO-RPORA	510N
(Name of Corporation as currently filed with				
(Document Number of	Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, thi	is Florida Not For	Profit Corporation a	dopts the following
A. If amending name, enter the new name of the con	rporation:			
				The new
name must be distinguishable and contain the word "co	orporation"	or "incorporated	" or the abbreviation	"Corp." or "Inc."
"Company" or "Co." may not be used in the name.				
B. Enter new principal office address, if applicable:	<u> </u>			_
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)	1/2		. 6.
				20 - A
		<u> </u>		
				至四 年
C. Enter new mailing address, if applicable:	V)			55 5 F
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>a</u>)	/ 1/		-22-
		N 1/A		
		, ,		
D. If amending the registered agent and/or register	ed office ad	ldress in Florida,	enter the name of the	e *
new registered agent and/or the new registered				-
None of None Designated Assets		NIA		
Name of New Registered Agent:		-1'// /		
				
N. D. C. LOW Alley	(Flor	ida strect address)		
New Registered Office Address:				
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg	ictored Age	.m+•		
I hereby accept the appointment as registered agent.	I am familia	ar. ar with and accept	the obligations of the	position.
, , , , , , , , , , , , , , , , , , , ,	-	•		
C' (A)		d A = == 4 2E = 1 == 1		
Signature of New	w kegisteret	d Agent, if changin	B	

Page 1 of 4

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.

Example: <u>X</u> 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)	Title	Name	<u>Addres</u> s
1) Change Add Remove	_)	ERVIN DELVA	20115 N.K. 20 K-AV N. MIAMI BEACH FK = 33175
2) Change Add Remove			
3) Change Add Remove	***		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arattach additional sheets, if necessary).	. (Be specific)
-	
	1 1 10

The date of each amendment(s) a	adoption: VUNL 21, 20/2
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
☐ There are no members or mer adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated 6/	26/12 Per Oelva
Signature Ext	er Ollva
(By the chat have not b	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)
ESTHER	DELVA.
	(Typed or printed name of person signing)
	PRITION,
	(Title of person signing)