

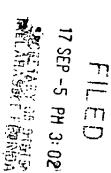
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EP 07 2017

COVER LETTER

TO: Amendment Section Division of Corporations

MAXWELL GR	ROUP HOME, INC.
DOCUMENT NUMBER:	
	submitted for filing.
	natter to the following:
MATTHEW CUNNINGHAM	
	(Name of Contact Person)
EXCEL TAX & ACCOUNTING SERVIVCES	
	(Firm/ Company)
20040 NW 29TH COURT	
	(Address)
MIAMI GARDENS, FL. 33056	
	(City/ State and Zip Code)
5889@COMCAST.NET	
E-mail address: (to be	used for future annual report notification)
۱۱ For further information concerning this matter, pla 	ease call;
MATTHEW CUNNINGHAM	305 623-0654
(Name of Contact Pe	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fe Certificate of Sta	e & \$\B\$\text{43.75 Filing Fee} & \$\B\$\text{S52.50 Filing Fee} \\ \text{us} & Certified Copy & Certificate of Status} \\ \text{(Additional copy is carefosed)} & (Additional Copy is Enclosed)} \end{align*}
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 FILED

17 SEP -5 PH 3: 02

MAXWELL GROUP HOME, INC.

MAXWELL OROOF HOME, INC.	AGAINST THE PROPERTY OF THE PR
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
N5000005162	
(De	cument Number of Corporation (if known)
-	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:
	The new
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n	ord "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if app) icable:
(Principal office address MUST BE A STREE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	
<u> </u>	
 If amending the registered agent and/or r new registered agent and/or the new regis 	egistered office address in Florida, enter the name of the
new registered agent andm the new regis	
Name of New Registered Ager	#
	(Florida street address)
<u>New Registered Office Addre</u>	<u>*\$</u> ;
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changir	Dagictural Agants
	gent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

P = President; V = Vice	director title by e President; T= O = Chief Finan	the first letter of the office Treasurer; S= Secretary; I cial Officer/d	D= Director; TR= T	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office	ſ'
	eaves the corpo	ration, Sally Smith is name		PST and Mike Jones is listed as the V. There should be noted as John Doe, PT as a Chang	
Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones Iy Smith			
Type of Action (Check One)	Title	Nalme		<u>Addres</u> s	
1) Change	D, S	YYONNE POWELI	-MAXWELL	441 NW 144 STREET	
X Add				MIAMI, FL. 33168	
Remove					
2) Change	S	GIJENNIS BROWN		7500 W MIRAMAR BOULEVARI	
Add	 _			MIRAMAR, FL. 33023	
X Remove					
3) Change	D	EUDELL POWELL		7551 KISMET STREET	
Add				MIRAMAR, FL. 33313	
X Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Page 2 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)

		AUGUST 30, 2017		
The date of each ame	ndment(s) adoption:			if other than the
date this document was	s signed.	{{		
	AUGUST 30), 2017		
Effective date <u>if appli</u>		11		
	(i	no more than 90 days after amendm	ent file date)	
Note: If the date inser document's effective d		not meet the applicable statutory file to fistate's records.	ing requirements, this date will no	ot be listed as the
Adoption of Amendm	ent(s) (CHECK ONE)		
The amendment(s was/were sufficient		y the members and the number of vo	otes cast for the amendment(s)	
There are no men adopted by the bo		tled to vote on the amendment(s). T	The amendment(s) was/were	
Dated	AUGUST 30, 2017			
Signature				
		vice chairman of the board, presiden		
		ed, by an incorporator – if in the ha	nds of a receiver, trustee, or	
	other court appointe	d fiduciary by that fiduciary)		
	YVONNE POW	ELU-MAXWELL		
		(Typed or printed name of po	erson signing)	
	PRESIDENT	Home M	1/2 well	
		(Title of person s	igning)	