## NU5 0000005162

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

MAXWELL GR NAME OF CORPORATION:	OUP HOME INC		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
	YVONNE POWEL	L-MAXWELL	
	(Name of Contact	Person)	<u> </u>
	MAXWELL GROU	P HOME INC	
	(Firm/ Compa	ny)	
	14425 NW 5 AV	ENUE	
	(Address)	•	
	MIAMI, FL 33	168	
	(City/ State and Zi	p Code)	
	REPALMA@BELLS		
E-mail address: (to be us		eport notification	on)
For further information concerning this matter, plea	ise call:		
YVONNE POWELL-MAXWELL	:	305 at	793-3875
(Name of Contact Pers	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	a Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certi ris Certi (Add	50 Filing Fee  ficate of Status  fied Copy  litional Copy is  losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	treet Address mendment Sec Division of Corp 'he Centre of	oorations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MAXWELL GROUP HOME INC.

(Name of Composition as summed to Stade and the 19	nida Dana - E Carrie	<del>- 2020 H.** 26 - Aff</del> []: [
(Name of Corporation as currently filed with the Flo	riga Dept. of State)	rosotti, CO Willi-1
N05000005162		
(Document)	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorporated" o	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u> )	
	<del></del>	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	) <u> </u>	
D. If amending the registered agent and/or registered	d office address in Florida on	tau tha nama of the
new registered agent and/or the new registered of	fice address:	ter the name of the
Name of New Registered Agent:		
	<del> </del>	
	(Florid	a street address)
New Registered Office Address:		
		, Florida
	(Citv)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the appointment as registered agent.	tered Agent: un familiar with and accept the	obligations of the position.
	Signature of New Registered	d Avent, 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.

Example: X Change X Remove X Add	PT John Do V Mike Je SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change Add	DIR	YVONNAH MAXWELL	14425 NW 5 AVENUE MIAMI, FL 33168
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add		<del> </del>	
Remove			
5) Change Add			
Remove			<u> </u>
6) Change Add		<del></del>	
Remove			
E. <u>If amending or addin</u> (attach additional shee	g additional Arti is, if necessary).	cles, enter change(s) here: (Be specific)	
		_	

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The date of each amendment(s) addate this document was signed.	option:			, if other than the
Effective date if applicable:				
	(no more than 90 day	vs after amendment fil	le date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applic partment of State's records	table statutory filing re	equirements, this date wi	Il not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and I.	the number of votes of	east for the amendment(s	)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated MAY 21, 2020
Signature + Worns All Kunell
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
YVONNE POWELL-MAXWELL
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)