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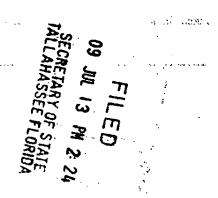
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Community Ho	me Re	scue /	Assitance	Inc.
DOCUMENT NUME	ER: N000007021				
The enclosed Articles	of Amendment and fee are sub	mitted for	filing.		
Please return all corres	pondence concerning this matte	er to the f	ollowing	;;	
		ph R. Di			·
	(Name of	Contact P	erson)		
Cor	mmunity Home Rescue As	ssistanc	e Inc. /[DBA: My Ho	ome 101
	(Firm	/ Compan	y)		
	18520 NW 6	7th. Ave	e. Ste 1	66	
	(A	(ddress)			
	Hialeah,	Florida	33015		
	(City/ Stat			·	
	myhome1	01@gm	ail.com		
	E-mail address: (to be used				cation)
For further information	n concerning this matter, please	e call:			,
Joseph R Diaz		at (305	₁ 877-278	83
	of Contact Person)	((Area	Code & Dayti	me Telephone Number)
Enclosed is a check fo	r the following amount made p	ayable to	the Flori	da Departmer	nt of State:
	☐ \$43.75 Filing Fee & Certificate of Status	Certit (Add	3.75 Filin Ted Copy itional co osed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address diment Section on of Corporations fox 6327		Ameno Division Cliftor	Address dment Section on of Corporati n Building	ions

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Community Home Rescue Assitance Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N000007021 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporate the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Economic Home Services Inc. The new name must be distinguishable and contain the word "corporation" 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Directo			_
		Fort Lauderdale, FI	🖸 Remove
Directo	Alex Williams	2925 Crestwood Terr.	
		Margate, FI 33063	☑ Remove
Direct	Egidio Graziani	1809 Brickell Ave., Apt 401	— ☑ Add
		Miami, Fl 33129	_ Remove
			_
	ling or adding additional Articles, enter Iditional sheets, if necessary). (Be spec		
Article 11	I-(Purpose)-"The Purpose For Wh	ich This Corporation Is Form	ed"
This corpo	pration is formed to provide assista	ince, information and counse	ling, to lower
income m	inorites and retired seniors on fixed	d income. These services as	it pertains to:
home own	ership preservation counseling, fo	reclosure, loan modification	assitance and
scam avoi	dance education. Acessing and re	ferrals to local, state, federal	and non-
profit insti	tutions, that will help with lowering	household expenses.	
Help with	senior economic social services fro	om:	
Medicare,	social security, prescription assist	ance programs, and other lo	cal community and
national e	conomic help programs, designed	to help seniors with the high	cost of medications
other out	of pocket expenses.		
			

The date of each amendment(s) adoption:					
Effective date <u>if applicable</u> :	(date of deoption is required)				
	(no more lhan 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)				
There are no members or memb adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.				
have not	hairman 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, our appointed fiduciary by that fiduciary)				
	Joseph R Diaz				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				