P030000023111

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COVER LETTER

Division of Corporations HOMEXPERTS, INC. NAME OF CORPORATION: P03000023111 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT VILLENA Name of Contact Person HOMEXPERTS, INC. Firm/ Company 10700 N. KENDALL DRIVE, SUITE 401 Address MIAMI, FL 33176 City/ State and Zip Code rvillena@homekeys.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT VILLENA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2012 JUL 16 AH 8: 49

HOMEXPERTS, INC.

PERTS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE FLORIDA

P03000023111

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

me must be distinguishable and cont Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associat	ation "Corp." "Inc." or	"Co". A profession	or "incorpor onal corporati	ated" or the d ion name must
Enter new principal office address, i Principal office address MUST BE A ST		N/A		
Enter new mailing address, if applic			· · · · · · · · · · · · · · · · · · ·	
	OFFICE BOX)			
(Mailing address <u>MAY BE A POST (</u>	<u>OFFICE BOX</u>)	N/A		
Mailing address MAY BE A POST C f amending the registered agent and new registered agent and/or the new	d/or registered office ad	dress in Florida, et	iter the name	of the
(Mailing address <u>MAY BE A POST (</u> If amending the registered agent and new registered agent	d/or registered office ad registered office addre	dress in Florida, er ss:	iter the name	of the
(Mailing address MAY BE A POST Control of the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office ad registered office addre	dress in Florida, et	iter the name	of the

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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove		-	MANUEL J. IRAOLA	
2) Change X Add Remove		_	MARIA A. IRAOLA	812 ALFONSO AVENUE CORAL GABLES, FL 33146
3) Change Add Remove		_		
4) Change Add Remove		_		
5) Change Add Remove	·	_		
6) Change Add Remove		_		

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
1/^	
I/A	
	, , , , , , , , , , , , , , , , , , ,
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
/A	

The date of each amendment(s) adoption: _	JUNE 5, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CI	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by(vo	,,
(VC	oung group)
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder
DatedJULY 12, 2	2012
0	Intlellous
· · ·	sident or other officer - if directors or officers have not been
	corporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
ROBE	RT VILLENA
	(Typed or printed name of person signing)
VP, SI	ECRETARY, TREASURER, DIRECTOR

(Title of person signing)