P0300029559

(R	Requestor's Name)
(A	ddress)	
(A	ddress)	
	city/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Na	ame)
(D	ocument Numbe	ı)
Certified Copies	Certificate	es of Status
Special Instructions to		





500062970275

New j



500062970275 ()2/()3/()6--01002--005 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Home	Repairs Ex	ecutive corp
DOCUMENT NUMBER: PO 3000	0 29559	 .
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
RAUL (Name of C	MADAN	
(Name of C	Contact Person)	
7184 EARS BANGA Tampa FL 33 (City/State	ddress)	·
(City/ State For further information concerning this matter, ple		
(Name of Contact Person)	at (813 _) 833_\$ (Area Code & Daytime Tele	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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	-



January 23, 2006

HOME REPAIRS, INC. 1920 W. SAINT LOUIS ST. TAMPA, FL 33607

SUBJECT: HOME REPAIRS, INC. Ref. Number: P03000029559

We have received your document for HOME REPAIRS, INC. and check(s) totaling \$450.00. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 206A00004615

Eula Peterson Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation

FILED

06 FEB -2 PH 2:51

Home Reparks, Inc. TALLAHASSES, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

PO 30000 29559

(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:

A professional corporation must contain the word "chartered", "professional associated and "chartered", "professional associated	C) Indicate Article Number(s
and/or Article Title(s) being amended, added or deleted: (BE SPECIF	
	<u> </u>
• ··	
······································	
·····	
	<u> </u>
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation for implementing the amendment if not contained in the amendment is	
	· · · · · · · · · · · · · · · · · · ·

(continued)

The date of each amendment(s) adoption: 01/27/06
Effective date if applicable: 01/07/06 (no more than 90 days after amendment file date)
(no more than 90 days after afficient the date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President. (Title of person signing)

FILING FEE: \$35