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(Requestor's Name)	,			
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PICK-UP WAIT M	IAIL			
(Business Entity Name)				
(Document Number)				
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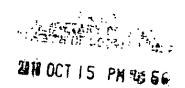


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COVER LETTER



TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Licciardello Home Improvements IRC.					
DOCUMENT NUMBER: P03000 109955					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
SANGRA Licciardello Name of Contact Person					
Licciardello Home Improvements INC.					
16110 SE 21 AVE.					
SUMMERFIELD FI. 3449					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SANDRA a1 (352) 427-7774					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					

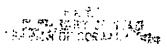
Mailing Address

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

Articles of Amendment to Articles of Incorporation



	0	Į.	2018 OCT 1	5 PH % 56
Licciardello Hon.	e Improx	ements J	INC.	
(Name of Corr	oration as curren	tly filed with the Flo	orida Dept. of State)	
<u> </u>	109955			
(1	Jocument Number	of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this	s Florida Profit Corp	poration adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of	the corporation:			
	NA			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	e word "corporati 'Corp," "Inc," or	"Co". A profession	r "incorporated" or al corporation name	the abbreviation
B. Enter new principal office address, if appl	icable;			
(Principal office address <u>MUST BE A STREE)</u>	<i>ADDRESS</i>)		$\Lambda//\Lambda$	
		-	- 	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	E BOX)			
			N/H	
				
D. If amending the registered agent and/or re	gistered office add	ress in Florida, ente	er the name of the	
new registered agent and/or the new regist	ered office addres	s:	er the name or the	
Name of New Registered Agent				
		N	7.4	
	(Florida sı	reet address)	/ 	
New Registered Office Address:		/ /	, Florida	
		(City)	, - 10.16u	(Zip Code)
New Registered Agent's Signature, if changing	Degistered Agent	· .		
hereby accept the appointment as registered ag	ent. I am familiar	<u></u> with and accept the a	obligations of the pos	ition.
		. 1.	(A	
		^ //	H	
 	Signature of New I	Registered Agent, if c		

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:

Example: X Change	PT John I	<u>)oe</u>					
X Remove	V Mike	<u>V</u> <u>Mike Jones</u>					
X Add	SV Sally	<u>Smith</u>					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
I) Change Add Remove	President	Benito Licclardello Decensed - Certificate Enclosed	16110 SE 21 AVE. Symmerfield, Fl. 34491				
2) Change Add Remove	VI to P	Angelo Lice: Archello	16110 St 21 AVS. Summer Field, Fl. 3449)				
3) _X Change Add Remove	S to VP	Sandra Licciardello	1610 SE 21 AVG. Summiffield, Fl. 34491				
4) Change Add	CED	Benito Liciardello III	6685 SE 135th St.				
Remove 5) Change Add			34491				
Remove 6) Change Add Remove							

	(Be specific)
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<u>provisions for implementing the amer</u>	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
f an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: Sept. 28 2018 date this document was signed.	, if other than the
Effective date if applicable: OCL. 1018 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated	_
(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)	
SANDIA Licciardello (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Sec.	
(Title of person signing)	