# P03000128128

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Dave Manni	ing Home Improve	ement Co Inc
DOCUMENT NUMBER: P03000128		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
David L Manni	ng	
	Name of Contact Person	1
Dave Manning	Enterprises, I	LLC
	Firm/ Company	
4311 Crystal la	ake Dr # 203	
	Address	
Pompano Bea	ch, Fl 33064	
	City/ State and Zip Cod	E
DM355@Nova.ed	du	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
David L Manning	<sub>at (</sub> 954	254-6389
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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	Street	Address
Amendment Section	Ameno	lment Section
Division of Corporations	Divisio	on of Corporations

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

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

### **Articles of Amendment** Articles of Incorporation

#### Dave Manning Home Improvement Co Inc

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

(Document Number of Corporation	n (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation adopts the following	g amendm	ent(s)
A. If amending name, enter the new name of the corporation:	1		
		_The nev	v
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must o		
B. Enter new principal office address, if applicable:	4311 Crystal Lake Dr # 203		
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FI 33064	-	
		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4311 Crystal Lake Dr # 203	-	
	Pompano Beach, Fl 33064	-	
	***************************************	<b>3</b>	生 (2) (三)
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		3 NOV -6	
Name of New Registered Agent		3	
Florid	a street address)	1:2	
New Registered Office Address:	,	មា	<u> </u>
	, Florida	-	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili			
Signature of New Register	ed 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 <math>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	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add	-100	_		
Remove  2) Change Add		_		
Remove 3) Change Add		_		
Remove  4) Change Add Remove	<u></u>	_		
5) Change Add Remove		_		
6) Change Add Remove				

	ch additional sho	ing additional Ar eets, if necessary).	. (Be specific	)		
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2D	amendment pa	<u>rovides for an exc</u>	<u>change, reclass</u> condment if no	<u>ification, or ca</u> t contained in t	ncellation of issue he amendment its	d shares,
<u>,, , , , , , , , , , , , , , , , , , ,</u>	(if not applicab	ble, indicate N/A)	tionalities in the	t contained in t	ic antendirent to	

The date of each amendment(s) adoption: 10/31/2013	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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_10/31/2013	
Signature Daniel Signature	
Dy 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)	
David L Manning	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	_

•