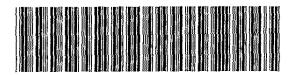
P03000148749

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies |
| Special Instructions to Filing Officer: |
| |
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| |

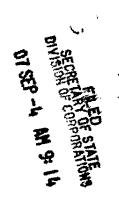
Office Use Only

Hmend (a. 9/11/07



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: BEI/H | me Report + Servi | ies, Inc |
|--|---|---|
| DOCUMENT NUMBER: PO 3000/ | 148749 | |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| CHIRISTO PHER (Name of Co | C. Rippeet ontact Person) | |
| BELL Home Rep. | PAIRS & SERVICES Company) | Inc. |
| 4514 CAC FO | US AVE. | |
| SARASOTA, FC (City/State a | . 3423 / and Zip Code) | grapiski ki nedelik goti Lihat i dilak d |
| For further information concerning this matter, plea | ase call: | |
| CHRIST-COHERD RUPPERT (Name of Contact Person) | at (94/) 504-, (Area Code & Daytime Tel | 286 7 lephone Number) |
| Enclosed is a check for the following amount: | | - |
| \$35 Filing Fee \$\times \text{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 | - ." |

Articles of Amendment to Articles of Incorporation

| | - |
|---|--|
| 13 Ell Home KEPAIRS & DERVICES INC. | <u>. </u> |
| (Name of corporation as currently filed with the Florida Dept. of State) | |
| P03000148749 | |
| (Document number of corporation (if known) | |
| ant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporate | ion |
| the following amendment(s) to its Articles of Incorporation: | |
| CORPORATE NAME (if changing): | |
| | |
| contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co. fessional corporation must contain the word "chartered", "professional association," or the abbreviation "I | |
| NDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Numb | per(s) |
| r Article Title(s) being amended, added or deleted: (BE SPECIFIC) | - |
| HICER/DIRECTOR DESAIL 8 | <u>-</u> |
| | |
| Emapl of SECRETARY'S | |
| ANNEHE RUPPERT | |
| 4914 Smody Pointe Da. | 97 |
| SANASOTA, FL. 3423 | 4 |
| | - Z |
| | ي |
| | 5 |
| | |
| (Attach additional pages if necessary) | |

(continued)

| The date of each amendment(s) adoption: $\frac{28/37/67}{}$ | eu Poor Ser Historia |
|--|-------------------------|
| Effective date if applicable: 9//07 (no more than 90 days after amendment file date) | |
| (no more than you days area tanestoness 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) | t |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | n |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | 3 |
| Signature Marker Russel | |
| (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court | يديونه المسراب محمد |
| appointed fiduciary by that fiduciary) | - |
| CHRISTOPHEND RUPERT (Typed or printed name of person signing) | |
| Resolant. | |
| (Title of person signing) | |

FILING FEE: \$35