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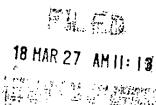
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A Professional Home Service inc.						
DOCUMENT NUMBER: P0300154462						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Edward P Janke					
		Name of Contact Person	1			
	A Professional Home Service					
		Firm/ Company	.			
	131 SW 84 terr					
	Address					
	Gainesville Fl. 32607					
		City/ State and Zip Cod	e			
edjan	ke@gmail.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information concerning this matter, please call:						
ed janke		at (³⁵²	3175101			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.O	fling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



A Professional Home Service inc. (Name of Corporation as currently filed with the Florida Dept. of State) P03000154462 (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. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) NA____ C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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 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.

X Change	<u>PT</u>	John Doe .	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	v	Jordan E Janke	1762 sw 38 pl
Add			gainesville fl 32608
x Remove			
2) Change	<u>c</u>	Larry D. Lund	210 sw 252nd st
x Add			newberry fl 32669
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	NA

an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nonient if not contained in the amendment usen.
	N
	N
	N
	N

The date of each amendment(s) adoption:	NA	, if other than the
date this document was signed.		
	\sim	
Effective date if applicable:		
(no moi	re than 90 days after amendment file date,)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's re		s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ON	<u>NE</u>)	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	iers. The number of votes cast for the ame	endment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group en		
"The number of votes cast for the amendment(s)		
by	,,,	
(voting group	9)	
☐ The amendment(s) was/were adopted by the board of action was not required. ☐ The amendment(s) was/were adopted by the incorpora action was not required.		
Dated 3/20/18 Signature Ed Jan	m	
(By a director, president or o	ther officer - if directors or officers have	not been
	- if in the hands of a receiver, trustee, or o	other court
appointed fiduciary by that fi	iduciary)	
Edua.	r printed name of person signing)	
(Typed or	printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	