P04000036172

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	C.Z.R. HOME REPAIR IN	NC.	
DOCUMENT N	UMBER:	P04000036172		
The enclosed Arti	icles of Amendment and fee	are submitted for filing.		
Please return all c	orrespondence concerning t	his matter to the following:		
		ISTOPHER ROBINSON		
		Name of Contact Person		
	C.Z.	R. HOME REPAIR INC.		
		Firm/ Company		
		2611 25 ST W		
		Address		
		ADENTON FL. 34205 City/ State and Zip Code	<u></u>	
		·		
	E-mail address: (to be us	N5@VERIZON.NET sed for future annual report notification)		
For further inform	ation concerning this matter	r, please call:		
CH	RIS ROBINSON	at (941) 77	3-7883	
Name	e of Contact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a chec	k for the following amount	made payable to the Florida Departi	ment of State:	
\$35 Filing Fee	\$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		Street Address Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building	Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	:	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

REPAIR INC.		
iled with the Florida Dept.	of State)	
36172		
Corporation (if known)	 <u> </u>	
rida Statutes, this Florida I	Profit Corporation a	dopts the following
orporation:		
FING INC		The new
nation "Corp," "Inc," or "	Co". A professional	nted" or the corporation
<u></u>	to a state of the	
<u>DKESS</u>)	يوم بالمد. مع مسر	
	*:	JUN 28
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	S.	<u>56</u>
	la, enter the name of	<u>f the</u>
omce address:		
(Florida street address)		
	. Florida	
(City)	(Zip Code)	
istared Agent:		
Istered Agent: I am familiar with and acce	pt the obligations of t	he position.
		•
	iled with the Florida Dept. 36172 Corporation (if known) ida Statutes, this Florida in the interporation: OFING INC ord "corporation," "composition "Corp," "Inc," or "and association," or the abbuses ORESS) red office address in Florida in the interporation in the interporati	iled with the Florida Dept. of State) (36172 Corporation (if known) ida Statutes, this Florida Profit Corporation accorporation: (FING INC) ord "corporation," "company," or "incorporation "Corp," "Inc," or "Co". A professional act association," or the abbreviation "P.A." (E) ORESS (Florida street address) (Florida street address) (City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			D Domesus
	ding or adding additional Artic dditional sheets, if necessary).		
provisi		ange, reclassification, or cancella	
· · · · · · · · · · · · · · · · · · ·			

The date of each amendmen	t(s) adoption: JUNE 23,2010
Effective date if applicable:	JUNE 24 ,2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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	55
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder .
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 6-23	3-2010
Signature	The same
	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	CHRISTOPHER ROBINSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)