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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL.
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Acima Maintenance Inc.
DOCUMENT NUMBER: P04 0000 42133
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Fletcher 1 Jill Fletcher Name of Contact Person Arima Maintenance, Inc- Firm/ Company
Firm/ Company
1064 Pinewood Late Court
Address 22 22 22 22 22 22 22 22 22 22 22 22 2
1064 Pinewood Late Court Address Green acres, 71. 3345 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott or Jill Fletcher at (56) 471-3328 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Arima Home Inspections a (Name of Corporation as currently fi	ind Maintenance, I	inc.		
P04000421		State)		
	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit C</i>	Corporation adop	ts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
Arima Maintenance,	FNC.			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	d "corporation," "company,"," "Inc," or "Co". A profess	" or "incorporat sional corporatio	ed" or the al n name must c	obreviation contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI				
	·			
		-		
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
				
 If amending the registered agent and/or registered new registered agent and/or the new registered 		enter the name	of the	
Name of New Registered Agent				
Thank of the Medistrica Medis				
	(Florida street address)			
New Registered Office Address:		. Florida		
New Negisiereu Office Audress.	(City)	Florida	(Zip Code)	,
New Registered Agent's Signature, if changing Reg	viotawad Amant.			
hereby accept the appointment as registered agent.		the obligations o	the position.	
			A C	12
Signature of No.	ew Registered Agent, if changing	ng	A R	E T
			LAHASS	24
			SEE.	
			OF S	≆ □

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
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5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment pr provisions for impl (if not applicabl	ementing the amo	hange, reclass	sification, or ca t contained in t	ncellation of is he amendment	sued shares,	

The date of each amendment(s) adoption: 9/19/20/2		
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 b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement 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	59	
	(voting group)	
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	
L. The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated 9-19	<u>1-17</u>	
Signature		
(By a director selected, by a	, president or other officer – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
	Scott OF let 40. (Typed or printed name of person signing)	
	(Title of person signing)	