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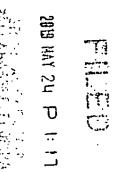
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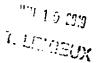
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Home Sorvice America, Jose
DOCUMENT NUMBER: P0400052103
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gosdon S. Miller Name of Contact Person Hame Service America, Inc Firm/ Company POBOX 334 Address Eagle Lake fl 338839 City/ State and Zip Code Gordy 5845@ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gordon Miller at (863) 298-0123
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:
S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Home Service Ameri (Name of Corporation as currently	ca, and FILED
(Name of Corporation as currently	filed with the Florida Dept. of State)
Poy 00005210	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	and the state of t
A. If amending name, enter the new name of the corporation:	
N/A-	77
name must be distinguishable and contain the word "cbrporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association." or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	w/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	×/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	NA
(Florida street	address)
New Registered Office Address:	, Florida
(Ci.	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
	Stered Agent, if changing
Signature of New Regi	stered 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)

Remove

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.

Example:	of white burly billion, 57 at all the head		
X Change	PT John Doe		
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
1) <u>X</u> Change		Wer 327 W. Eugle Auc, Eagle Lake,	
Add	V Kenneth N. N	Mendows 14 Clake Dear Dr. Winter Ho	yon, Pt 33
Remove	V Cordon S. 14/11	er 367 W. Eagle Ale, Eagle loke, F	133839
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		 -	
5) Change			
Add			
Remove			
6) Change			
Add			

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an amendment provides for an	exchange, reclassi	fication, or cancella	ition of issued shar	es,
rovisions for implementing the	amendment if not	contained in the an	nendment itself:	
(if not applicable, indicate N		. 1.		
		N/A		
		,,	,	
	 .			
				<u> </u>
				-

The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	S-19-2019 Stutte	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Gordon S. Willer	
	(Typed or printed name of person signing)	
	Pres	
	(Title of person signing)	