## Paralona

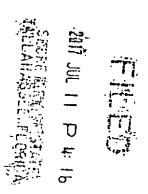
(R	equestor's Name)
(A	ddress)
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(C	city/State/Zip/Phone #)
PłCK-UP	WAIT MAIL
(B	dusiness Entity Name)
(C	Occument Number)
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JUL 17 7017 T. LEMMEUX



## COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: road way City/ State and Zip Code 8 @ MSN.COM (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$**43.75 Filing Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

st Husband 4 Rent

(Name of Corporation as currently filed with the Florida Dept. of State)
04000122808

(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:

its Articles of Incorporation:			
A. If amending name, enter the new name of the corpo	oration:		
			The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"Inc," or "Co". A profe	y," or "incorporated" c essional corporation nan	or the abbreviation se must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
(maining data est in the second secon			
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi  Name of New Registered Agent			
	(Florida street address)		<del></del>
V 0 : 100 111	,,	rsi i	
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as		of the obligations of the p	psition. P
Signatui	re of New Registered Age	ent, if changing	5

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.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>Addres</u> s
1) Change	V Roselani Waldman	
Add		Lastana, FL
X Remove		33462
2) Change		
Add		
Remove		
3 ) Change	<del></del>	- <del></del>
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change	<del></del>	
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
	<del></del>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: July 1, 2017 , if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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)
(voling group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dated 7/6//
1 Ola Miller
Signature William William Signature By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
DAVID Waldman
(Typed or printed name of person signing)
President

(Title of person signing)