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Amend

JUN 1 1 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: All IN ONE HOME SOLUTIONS INC.

DOCUMENT NUMBER: POS-00000 1976 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RUBEN ARBOLEDA

Name of Contact Person Name of Contact Person

All iN ONE HOME SOLUTIONS INC

Firm/ Company

P. O. BOX 421096

Address

K:55:mmee, Fl 34742

City/ State and Zip Code PUBENARBOL @ GMAIL COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (321) 442-5599

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

All TN ONE HOME SOLUTIONS INC

Po5 000001976	on as currently filed with the Florid	a Dept. of State)
<u> </u>		
(Docum	ent Number of Corporation (if knowr	1)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corpora	ation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc,' "chartered," "professional association," or the abbre	' or "Co". A professional corpora	rated or the appreviation Corp., ation name must contain the word
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
		是 '
		ب
		
 If amending the registered agent and/or register new registered agent and/or the new registered 		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
ice inguitaria ville mureis.	(City)	(Zip Code)
Registered Agent's Signature, if changing Reg by accept the appointment as registered agent.		igations of the position
by accept the appointment as registered agent.	і ат затина эчт апа ассері те от	iguions of the position.
Signa	ture of New Registered Agent, if char	nging

fapplicable

mendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.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)

Example:

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	0	RUBIETTE ARBOLEDA	P.O. BOX 421096
Add Remove			Kiss., F1 34742
2) Change		JUAN ARBOLEPA	P.O.BOX 421096
Add Remove Change Add			Kiss, Fl 3474Z
Remove :) Change Add			
Remove Change Add			
Remove			
Add			

amending or adding additional Artical tach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

. .

The date of each amendment(s) and the date this document was signed.	adoption: <u>5 - 20 - 2020</u>	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the an ufficient for approval.	nendment(s)
must be separately provided fo	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Signature(By a conselectors	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	RUBEN ARBOLEDA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	