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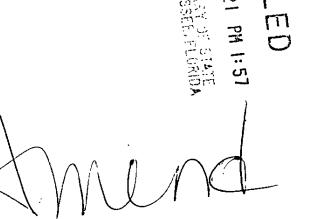
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: ABE'S HAN	NDYMAN SERV	ICES INC
DOCUMENT NUMBER			
The enclosed Articles of A			
Please return all correspon	dence concerning this ma	tter to the following:	
.12	ASMINE RODR	IGHE7	
	COMITAL TODAY	Name of Contact Person	
Bŧ	EST QUICK TA	X RETURNS IN	•
- -		Firm/ Company	
32	0 S BUMBY A	• •	
 .		Address	
ORLANDO FL 32803			
		City/ State and Zip Code	e
1,			
	E-mail address: (to be us	sed for future annual report	notification)
	2	, 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For further information con	ncerning this matter, pleas	se call:	•
JASMINE ROD	RIGUEZ	at (407	、896-7921
	ontact Person	at (at (de & Daytime Telephone Number
rume of O	Situati Cisoti	71104 00	de de Daytime i ciepnone (vamoe)
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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)
Amendm Division P.O. Box	Address nent Section of Corporations 6 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment Articles of Incorporation

ABE'S HANDYMAN SERVICES, INC

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

P05000057158

(Document Number of Corporation (if known)

ALCONOCE PHISSY lment(s) to

ne must be distinguishable and contain orp.," "Inc.," or Co.," or the designation or d'"chartered," "professional association,	n "Corp," "Inc," or "Co". A profes	" or "incorpor ssional corporat	ated" or the ab ion name must c
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>			
Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF			
If amending the registered agent and/or new registered agent and/or the new res		enter the na me	e of the
			e of the
	gistered office address:		e of the
new registered agent and/or the new reg	gistered office address:		e of the

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	NADINE CORTES	12603 SPURRIER LN
X_Add			ORLANDO FL 32824
Remove			
2) Change	···	_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Panaco			

<mark>amending or adding additional Ar</mark> tach <i>additional sheets, if necessary).</i>	. (Be specific)	-		
				
<u> </u>				
				
				
		-		
				
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			6. 1.	
an amendment provides for an exc rovisions for implementing the am	nange, reclassifica	tion, or cancella	tion of issued si	iares,
(if not applicable, indicate N/A)	thument it not ton	tamed in the am	enament usen.	
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	<u></u> ;			 .
				 .
				

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated_DECE	MBER 07, 2015
Signature	Taline Co
selecte	lirector, 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 tiduciary)
	NADINE CORTES
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)