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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: ROBE'S H	OME REPAIR INC.	
DOCUMENT NUMBER: P06000023305		
The enclosed Articles of Amendment and fee are submitted	i for filing.	
Please return all correspondence concerning this matter to t	the following:	
Roberto SA Name of Contac	THE Person	
Firm/ Comp	pany	
1580 Sw 10	Stacet	
MIAMI FL. City/State and I	Zip Code ALC ONLY nual report notification)	
E-mail address: (to be used for future an	nual report notification)	
For further information concerning this matter, please call:		
Roberto Sanchez at (Rot 2/9-2/19. Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable	to the Florida Department of State:	
Certificate of Status Certif	5 Filing Fee & S52.50 Filing Fee fied Copy tional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address	
	ment Section on of Corporations	
P.O. Box 6327 Clifton	Building	
Tallahassee, FL 32314 2661 E	xecutive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

P06000023305
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Profit Corporation adopts the following	
name must be animguismable and comain in	RENTRY E CABINET INTS TAThe new ne word "corporation," "company," or "incorporated" or the	FNC
name must contain the word "chartered," "profe	designation "Corp," "Inc," or "Co". A professional corporation essional association," or the abbreviation "P.A."	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
	Commence of the Investment of the Commence of	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX) N/A	
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Florida, enter the name of the	
Name of New Registered Agent:	N/A 3	5
New Registered Office Address:	(Florida street address)	
	, Florida (City) - (Zip Code)	
Name Parkage Advantage (Control of According	• • • • • • • • • • • • • • • • • • • •	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent: tent. I am familiar with and accept the obligations of the position.	
	NA	
Sig	gnature of New Registered 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) **Type of Action** Title Address **Name** ☐ Add ☐ Remove ☐ Add ☐ Remove _ 🔲 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: 08-03-10
Effective date if applicable	(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
- "The number of votes of	east for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder . re adopted by the incorporators without shareholder action and shareholder
selec	a director, president conther officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Roberto Sauchez (Typed or printed name of person signing)
	(Title of person signing)