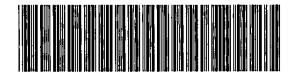
## PO600131331

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TO: Amendment Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: CASTILLO HOME REPOUT CORP.
DOCUMENT NUMBER: PO6000131331
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Delkys Castillo Name of Contact Person  Castillo Home Repair Corp.  Firm/Company
Tlado Ocean Harbor Lane
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Perkys Castillo at (813) 210-2179 / 83-789-258  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:
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations  Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation

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Castillo H	tome.	Repair	Coep.	
(Name of Corporati	on as currently f	iled with the Florida D	ept. of State)	
$\mathcal{D}_{\mathcal{D}_{\mathcal{U}}}$	- (C) (C) (-	21221		
(Dogur	pent Number of C	Corporation (if known)		
(Docur	Hein Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Fl	orida Profit Corporatio	n adopts the following a	imendment(s) to
A. If amending name, enter the new name of the co	orporation:			
<u> </u>	J1/2		_	_
name must be distinguishable and contain the wor	rd "composation"	" "company " or "inac		he new
"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co	o". A professional corp	poration name must co	ntain the
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADI</u>	$\Box$			
			1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	) <b>V</b> )			
(Mauring address MAT BE A FOST OFFICE BU	<u>'A</u> )	1	.0	<del></del>
		101	, <del>     </del>	
		<del></del>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter the	name of the	
	<b>.</b>	10		
Name of New Registered Agent	-	[		
	(Florida street	t address)		<u>.</u>
New Registered Office Address:	NIA		Florida ₹	7
New Registered Office Address.	(City)		Zip Ge	<del>de</del> )
			Silver -	- TRIA
				P. ≩ erro
New Registered Agent's Signature, if changing Reg	gistered Agent:			لفد
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.	I am familiar wit	th and accept the obliga	tions of the position.	
			ۍ ۳۰۰ <del>د</del>	
	19	A		
Sign	nature of New Res	ristered Agent, if changi	ne	

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	<u>PT</u>	John Do	<u>oe</u>				
X Remove	<u>v</u>	Mike Jo	ones				
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			•	
Type of Action (Check One)	Title		<u>Name</u>			Address .	
1) Change	0		Lazar	OE. Alv	lovez	- 2029 W.S'H	ast
Add Add						lampa, Fla	
Remove					_	33604	
2) Change	0	<del>-</del>	Jose C	1. Ferrar	dez	2525 W. Hou	cathai
Add Add					_	Tampo, Ha	٠.
Remove					_	33614	
3) Change					_		
Add							
Remove							
4) Change		<del></del>					
Add							
Remove					_		
5) Change							
Add					<del></del>		
Remove					_		
6) Change	<del></del>	<del></del>					
Add							
Remove							

		itional Articles, enter chan necessary). (Be specific)	ge(s) here:		
0	We To:			of the	e share
(D)	WC	Issue Jose	A. Fer		shares
<u>provisi</u>	nendment provides ions for implementi not applicable, indic	for an exchange, reclassifieng the amendment if not constant MA	cation, or cancellat ontained in the ame	ion of issued shares, endment itself:	
	nor apprication, maid				
			NIA		
				<u> </u>	<del></del>

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 ☐ 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 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) (Typed or printed name of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the