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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EMERY HOME POPOLYS, INC DOCUMENT NUMBER: PO6000151021 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maurice Wenat Name of Contact Person Home Repairs, Inc Mauricowindt a hotmail com
E-mail address: (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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address **Street Address**

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

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	e Florida Dept. of State)	
Empartome Repairs, 1	no	2 3
(Document Number of Corporation		
(Document Number of Corporation	ii (ii kiio vii)	2
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Profit Corporatio	n adopts the following
A. If amending name, enter the new name of the corporation	<u>i</u>	
name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co" or the designation "Contain the word "chartered," "professional associated	ration," "company," or "incor rp," "Inc," or "Co". A professi	onal corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	<u>_</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/O	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional and the new registered of Name of New Registered Agent:		ne of the
New Registered Office Address: (Florid	la street address)	
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligation	s of the position.
Signature of New I	Registered Agent, if changing	

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name Type of Action Address _____ 🗖 Add ☐ Remove ☐ Remove 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption: Ollollo	
Effective date if applicable: (date of adoption is required)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated	
Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	