## P07000053437

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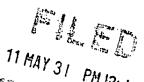
TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:	MEL'S HOME REPAIRS	INC	
DOCUMENT NU	JMBER:	P07000053437		
The enclosed Artic	cles of Amendment and f	ee are submitted for filing.		
Please return all co	orrespondence concerning	g this matter to the following:		
		PAMELA YUTZY		
		Name of Contact Person		
	YUTZYS	BUSINESS SOLUTIONS INC		
		Firm/ Company		
	1569 SHADOW RIDGE CIR			
		Address		
	SA	RASOTA FL 34240-9464  City/ State and Zip Code		
		•		
	E-mail address: (to be	used for future annual report notification)	<del></del>	
For further inform	ation concerning this mat	ter, please call:		
	AMELA YUTZY of Contact Person	at ( 941 ) 3  Area Code & Daytime Tel	78-4171	
		·		
Enclosed is a chec	k for the following amous	nt made payable to the Florida Depar	tment of State:	
✓ \$35 Filing Fee	S43.75 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)	
Mailing A		Street Address		
Amendment Section Division of Corporations P.O. Box 6327		Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MEL'S HOM	1E REPAIRS	INC .	PM 12: 43
(Name of Corporation as curren		;	rstate)
P070	00053437	•	TORIS.
(Document Numb		ı (if known)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes,	, this <i>Florida Pr</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of t	the corporation:		
MARMEI	REPAIRS IN	С	The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	lesignation "Corp	o, " "Inc," or "C	o". A professional corporation
B. Enter new principal office address, if application (Principal office address) MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or repeated registered agent and/or the new registered agent:  Name of New Registered Agent:			a, enter the name of the
Nume of New Registered Agent.	·		
New Registered Office Address:	(Florida	street address)	<del></del>
_			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered ago			the obligations of the position.

Signature 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)

<b>Title</b>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
E. If amer	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
<u>provis</u>		change, reclassification, or cancella endment if not contained in the ame	
N/A			

The date of each amendment	(s) adoption: MAY 24, 2011
Effective date if applicable:	(date of adoption is required)
Effective date in 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 of 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
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_MAY	24, 2011
Signature	Melet Kaler
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
арро	pinted fiduciary by that fiduciary)
	MELVIN H RABER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)