P07000063662

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SECRETARY OF STATE TALLAHASSEE, FI ODIN.

Amend

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JUN 2 4 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ASAP HOME INSPECTION SERVICES, INC.			
DOCUMENT NUMBER:	P07000063662			
The enclosed Articles of Amenda	ent and fee are submitted for filing.			
Please return all correspondence of	oncerning this matter to the following:			
÷	JAVIER SUAREZ			
	Name of Contact Person			
AS	AP HOME INSPECTION SERVICES, INC.			
•	Firm/ Company			
	13970 SW 156 TER			
	Address			
C-17, 24, 18, 17, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	MIAMI, FLORIDA 33177 City/ State and Zip Code			
	City/ State and Zip Code			
E-mail add	ress: (to be used for future annual report notification)			
For further information concernin	g this matter, please call:			
JAVIER SUARE				
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:			
☑ \$35 Filing Fee ☐ \$43.75 Fili Certificate				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

ASAP HOME INSPECTION SERVICES, INC.

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

P07000063662

(Document Number of Corporation (if known)

TASTORETARY OF STATE OF Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

ne musi de distinguisnadie ana comain i	he word "corporation," "c	company," or "incorporated" or
previation."Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "proj	designation "Corp," "Inc,"	or "Co". A professional corpora
Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
-		
		Florida, enter the name of the
		Florida, enter the name of the
If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent: New Registered Office Address:		
new registered agent and/or the new regis Name of New Registered Agent:	tered office address:	

• 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)

Title ,	<u>Name</u>	Address	Type of Action
VP	ALEX CARRERA	16177 SW 143 LN	☑ Add
	**	MIAMI. FLORIDA 33196	☐ Remove
		,	□ Add □ Remove
			Li Remove
	,	·	····
			•
	ding or adding additional Articles, dditional sheets, if necessary). (Be		•
(anach a	uamonai sneeis, ij necessary). (Be	specific)	
* .	<u></u>		
		<u>-</u>	1
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		e, reclassification, or cancellation o	
<u>provisi</u> (if r	ons for implementing the amenum ent applicable, indicate N/A)	ent if not contained in the amendme	ent itseir:
(3)			•
 		·	
<u>"</u>			
	<u>. </u>		
			(

The date of each amendment	· · · · · · · · · · · · · · · · · · ·
, Effective date <u>if applicable</u> :	(date of adoption is required)
c	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendme are sufficient for approval.
	re approved by the shareholders through voting groups. The following stated 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)
action was not required. The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	06 21 2010
Signature <u>-</u>	
sele	a director proordent or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other conditted fiduciary by that fiduciary)
	Tavier Suarez_ (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)