

PO7000134743



Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850) 617-6380

From:
 Account Name : LICENSES ETC INC
 Account Number : I20070000159
 Phone : (239) 777-1028
 Fax Number : (877) 275-3593

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1511 MASSACHUSETTS AVENUE
 TALLAHASSEE, FLORIDA
 32399-0001

03/15

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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 DIVISION OF CORPORATIONS
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

HOME FIXERZ CORPORATION

Certificate of Status	0
Certified Copy	0
PageCount	07
Estimated Charge	\$35.00

(Pm
 3-195

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COVER LETTER

TO: Amendment & Section
Division of Corporations

NAME OF CORPORATION: HOME FIXERZ CORPORATION

DOCUMENT NUMBER: P07000134743

The enclosed *A copy of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE B. ESTRELLA

Name of Contact Person

HOME FIXERZ CORPORATION

Firm/ Company

1426 NE PINE ISLAND LANE

Address

CAPE CORAL, FL 33909

City/ State and Zip Code

soluciones2@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE B. ESTRELLA at 239 823-3064

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:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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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

STUDY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 18 AM 9:00

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15 MAR 18 AM 9:00
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

HOME FIXERZ CORPORATION

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

P07000134743

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address) _____

New Registered Office Address: _____, Florida _____
(City) _____ (Zip Code) _____

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing _____

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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 PTD 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	ISAAC G. OLEA	509 SE 6TH PL #B CAPE CORAL, FL 33990
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	BENITO VASQUEZ DIAZ	526 MONTERREY ST NORTH FT MYERS, FL 33903
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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To: Sunbiz EFax Page 6 of 7
03/17/2015 11:06 FAX 2395493865

2015-03-18 13:31:09 (GMT)
SOLUCIONES

From: Licenses Etc.
4/005/008

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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, provision for implementing the amendment if not contained in the amendment itself:
(If not applicable, indicate N/A).

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 03/17/2015
(no more than 90 days after amendment file date)

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

by _____
(voting group)

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 03/17/2015

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)

JOSE B. ESTRELLA

(Typed or printed name of person signing)

PRESIDENT / TD

(Title of person signing)