Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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**Enter the email address for this business entity to be used \sharp er the email address for this business shear, annual report mailings. Enter only one email address please;

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HOME FIXERZ CORPORATION

Certificate of Status	0
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COVER LETTER

Division of Corpo				
NAME OF CORPOR	ATION: HOME FIXERZ (ORPORATION		
DOCUMENT NUMB	BER: P07000134743			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Lisa Adams			
•		Name of Contact Person	1	
	Licenses, Etc.			
		Firm/ Company		
	886 110th Ave. N#6			
•		Address		
	Naples, FL 34108			
•		City/ State and Zip Cod	e	
සං@1	icensesetc.com			
 -	E-mail address: (to be us	sed for future annual report	notification)	
		•		
For further information	concerning this matter, pleas	se call:		
Lisa Adams		at {239		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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		

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Articles of Amendment to Articles of Incorporation of

HOME FIXERZ CORPORATION	
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P07000134743	
(Doc	nument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	ida Statutes, this Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation;
	vord "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A projessional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET AS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
	
D. If amending the registered agent and/or regis new registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
	(Florida sweet address)
New Registered Office Address:	(City) Plorida (Brz Code)
	(City) (Arr Code)
New Registered Agent's Signature, if changing R	legistered Agent: 1. I am familiar with and accept the obligations of the position.
	P. 22
Si	onature 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 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 De	<u>oe</u>				
X Remove	<u>y</u>	Mike Jones					
X Add	<u>sv</u>	Sally St	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>			
I) Change	D		Isaac Gabriel Olea-Diaz	1426 NE PINE ISLAND LANE			
X Add		·-		CAPE CORAL, FL 33909			
Remove							
2) Change	a	_	Benito Vasquez-Diaz	1426 NE PINE ISLAND LANE			
X Add				CAPE CORAL, FL 33909			
Remove		,					
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove				,			
		•		,			
6) Change	<u> </u>	_					
Add							
Remove							

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Attach <i>additional s</i>	heets, if necessary).	(Be specific)				
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				,		
						
	-					
					<u> </u>	
						
						
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an amendment j	provides for an excha plementing the amen	inge, reclassifica	itton, or cancella	tion of issued sha	res.	
(if not applied	ble, indicate N/A)	Milette it not con	tadiico ili tat all	EHOMEH RISER.		
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	doption:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 4/	27/2016	
Signature	The H	
(By a	director, president or other officer fit directors or officers have not been	
selecti	ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Jose B. Estrella	
	(Typed or printed name of person signing)	
	P/TD	
,	(Title of person signing)	