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2010 DEC 29 PM 12: 19

SECRETARY OF STATE
ALL ANSSEE, FLORID!

Amend 1B

12/30/10

COVER LETTER

TO: Amendment Section Division of Corporations	. u
NAME OF CORPORATION: HOME MANAGEMENT SOLUTIONS INC) /
DOCUMENT NUMBER: \$\frac{10800036487}{}\$	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
KIRK J GIRRBACH Name of Contact Person	
THE LAW OFFICE OF KIRK GIRBACH P.A. Firm/Company	
2787 E OAKLAND PARK BLVD #411	
FORT LAUDERDALE, FL 33306 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (954) 290-3542 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is	s enclosed)
Mailing Address Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2010

PAUL OLIVAREZ HOME MANAGEMENT SOLUTIONS, INC. 1311 SEMINOLE DR FORT LAUDERDALE, FL 33304

SUBJECT: HOME MANAGEMENT SOLUTIONS, INC.

Ref. Number: P08000036487

We have received your document for HOME MANAGEMENT SOLUTIONS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 410A00029519

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation of Home Management Solutions, Inc. 2010 DEC 29 (Name of Corporation as currently filed with the Florida Dept. of State) Second Second

(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:

 name must be distinguishable and conto	ain the word "corporation," "company," or "inc	The nev orporated" or th
abbreviation "Corp.," "Inc.," or Co.," or	r the designation "Corp," "Inc," or "Co". A profes "professional association," or the abbreviation "P.A	ssional corporation
3. Enter new principal office address, if		
Principal office address <u>MUST BE A STI</u>	<u>REET ADDRESS</u>)	_
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Throw now mailing address if applies		
Enter new maining address, ii applica	able:	
C. Enter new mailing address, if application (Mailing address MAY BE A POST OF		
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(Mailing address <u>MAY BE A POST OI</u>	FFICE BOX) NIA	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OF	/or registered office address in Florida, enter the n	ame of the
(Mailing address MAY BE A POST Of). If amending the registered agent and/ new registered agent and/or the new i	/or registered office address in Florida, enter the n	ame of the
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(Mailing address MAY BE A POST Of). If amending the registered agent and/ new registered agent and/or the new i	/or registered office address in Florida, enter the neregistered office address: NA (Florida street address)	
(Mailing address MAY BE A POST Of). If amending the registered agent and/ new registered agent and/or the new i	/or registered office address in Florida, enter the neregistered office address: NA (Florida street address)	ame of the

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)

<u>Tifle</u>	<u>Name</u>	Address	Type of Action
<u> </u>	PAUL OLIVAREZ	1311 SEMINOLE DR FT LAUDERDALE FL 33304	□ Add Remove
D	RAFAEL RIVERA	1598 NE 172 ST NHIAMI BEACH FL 3316	☐ Add Remove
ρ	F. MARREL JERKINS	14274 LAURELTE WEUNGTON FL 33414	Add Remove
	ng or adding additional Articles, enter of a litional sheets, if necessary). (Be specifically a litional sheets).		
			,
provision	endment provides for an exchange, reclassions for implementing the amendment if not applicable, indicate N/A)		
•			

<u>Title</u>	<u>Name</u>	Address	Type of Action
DS	OLIVHILEZ, PAUL	1311 SEMINOLE DR FORTLAUDERDALE FL 33204	Add Remove

.

The date of each amendment	(s) adoption: $1/\sqrt{5\cdot/0}$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(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) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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/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	12-27-10
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 ointed fiduciary by that fiduciary)
,	TAOL OLIVATEZ (Typed or printed name of person signing)
	DIRECTOR SECRETARY (Title of person signing)