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(Re	equestor's Name)	
(Ad	ldress)	_
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
		
·· (Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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06/04/09--01043--001 **35.00



COVER LETTER

NAME OF CORPORATION: NRG Home Sales Com luc 0900034659 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) **Mailing Address** Street Address

□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

Division of Corporations

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorporation

NR6 Home B	fales Com	Inc _	09 JUN -4 PM 4
P090000	b 34659 nber of Corporation (if kno		,
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fa	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name o	f the corporation:		
	NA		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	the word "corporation," designation "Corp," "Inc	c," or "Co". A profession	rated" or the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		NA	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		NA	_
D. If amending the registered agent and/or new registered agent and/or the new reging the new registered Agent:		n Florida, enter the name	of the
New Registered Office Address:	(Florida street d	address)	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ngent. I am familiar with a		of the position.
· <u>s</u>	Signature of New Registere	d 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)

<u>Title</u>	Parmadat Bh	Address	Type of Action
UP .	Parmadet Dr	nagwandin	Add
V	<u> </u>	2722 N W 18	Remove
		Caral Springs, Fl	-2306EE
			
			
			
			☐ Remove
E. If ame	nding or adding additional Artic	les enter change(s) here:	
	additional sheets, if necessary).		
H99	ing Corp. Of	ficer - NON-	Share holder
;			
			· · · · · · · · · · · · · · · · · · ·
F If an	amendment provides for an eych	ange, reclassification, or cancellati	on of issued shares
provi	sions for implementing the amen	dment if not contained in the amen	
(i)	f not applicable, indicate N/A)	^	
		NH	
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		<u> </u>	
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The date of each amendment(s) adoption: 05-05-0
Effective date if applicable: 5-5-09 (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 pproval. One Shareholder - Scokram Narai 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 <u>Sookiani</u> S Narain." (voting group)
(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. One Share holder: Soo Krani S. Nargin 100% Dwelshif-
Dated 05-11-09
Dated
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)
(Typed or printed name of person signing)
President.
(Title of person signing)