## P09000066757

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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November 21, 2016

BRENDA AMPOYAN 13435 SOUTH MCCALL ROAD #108 PORT CHARLOTTE, FL 33981

SUBJECT: EHM RENTALS, INC. Ref. Number: P09000066757

We have received your document for EHM RENTALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 216A00024937

www.sunbiz.org

D' de la Company de la DO DOV 0007 Mallabara Electra 2001

Tallahassee, FL 32314

TO: Amendment Section

## **COVER LETTER**

Division of Corporation	ons			
NAME OF CORPORAT	ION: EHM Re	ntals, Inc.		
DOCUMENT NUMBER	P0900001	06757		
The enclosed Articles of A	mendment and fee are su	abmitted for filing.		
Please return all correspond	dence concerning this ma	tter to the following:		
	P	xerda Amboyan Name of Contact Person		
	EHN	Rentals, Inc. Firm/Company		
	10.1	Firm/ Company	)	
<del></del>	13435	South McCall P Address ort Charlotte FL	10ad * 108	
	7-	Address	12001	
	10	City/ State and Zip Cod	22101	
	_	,		
		mboyan emsn. C		
	E-man address. (to be di	sed for future annual report	notification)	
For further information con	cerning this matter, pleas	se call:		
Brendo	e Amboyan	at (_941	391-2837 de & Daytime Telephone Number	
			· ·	
Enclosed is a check for the	following amount made	payable to the Florida Depa	irtment of State: Check has	already been Sent
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ent Section of Corporations	Amend Divisio	Address ment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to Articles of Incor	poration
of	•
EHM Kental	S, Inc.
	filed with the Florida Dept, of State)
<u>P09000667</u>	57
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida Statutes,	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	·
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.	
B. Enter new principal office address, if applicable:	17030 Fall Kirk Ave. Port Charlotte, FL 3395頁 日 四
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte F 3395年 日 T
	72 5
C. Enter new mailing address, if applicable:	707 2
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>
D. If a manifest the unsignment and to a maintain the district and a first and	in Plant de la company de la c
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Fiorida, enter the hante of the
Name of New Registered Agent Brenda Ambor	an
17030 Fallkin	k Ave.
(Florida street	
New Registered Office Address: Port Charlotte	Florida 33954
C	(Zip Code) ,
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Brenda Ombou	$\alpha$
Signature of New Rag	stered 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)

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	PT John!	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DPST	Rorald S. Forwell	McCall Real Estate
Add			3396 N. Access Rd., Unit B Engle wood, FL 34224
2) Change	DPST	Brenda Amboyan	17030 FallKirk Ave. Port Charlotte, FL 33954
Remove 3) Change Add			
Remove  4) Change		·	
Add			
5) Change Add			
Remove			
6) Change Add	<del></del>	,	
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, revisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  NA	
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(if not applicable, indicate N/A)	
NIA	
NIA	

The,date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Menda amboyan	
(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)	:
MALODINA AMOJAN	
(Typed or printed name of person signing)	
PREVIOENT	
(Title of person signing)	