Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000183765 3)))



H220001837653ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN INDIANIA HOME SERVICING, INC.

Estimated Charge	\$35.00
Page Count	05
Certified Copy	0
Certificate of Status	0

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 25 2022

D CCHRIELL

Articles of Amendment to Articles of Incorporation of

INDIANIA HOME SERVICING, INC.		
(Name of Corpor	ration as currently filed with the Florida Dept. of State)	
P10000049004		
(Do	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the fo	illowing amendment(s) to
A. If amending name, enter the new name of th	e corporation;	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the at	I "corporation," "company," or "incorporated" or the abb Inc," or "Co". A professional corporation name must bbreviation "P.A."	reviation "Corp.," contain the word
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able;	
(Frincipal office address MUST DE ASTREE)	<u></u>	_ _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: BOX)	 ∧
1		ECEL :
	te ja s	I A
D. If amending the registered agent and/or reg	distered office address in Florids, enter the name of the	
new registered agent and/or the new registe		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	ု ညွှဲနှို့ ထား
Traine of New Registress Agent		30
	(Florida street address)	_
	(Frortus street authess)	
New Registered Office Address:	, Florida_ (City)	(Zip Code)
	(City)	124 Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered age	ent. I am familiar with and accept the obligations of the po	sition.
	Signature of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant t	to # 607 0120 (11) (e) F.S.	
= the amenament(s) is/are being filed pursuant t	to 5. 007.0120 (11) (C), F.S.	

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> Jo	hn Doe	
X Remove	Y M	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
l) Change	<u>P</u>	HTRAM COLLAZO	3518 NW 36TH ST
X Add			MIAMI, FL 33142
Remove			
2) X Change	VD	IDANIA CARPIO	190 W 39TH PL
Add			HIALEAH, FL 33012
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamous			 -

ttach additional sheets, if n	itional Articles, enter change(s) here: secessary). (Be specific)	
		
an amendment provides provisions for implementi (if not applicable, indic	for an exchange, reclassification, or cancellation of the amendment if not contained in the amendment NA	n of issued shares. dment itself:
	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	

thc

The date of each amendment(s) adoption:	
date this document was signed.	an the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed a document's effective date on the Department of State's records.	19 the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cost for the amendment(s) was/were sufficient for approval	
by :	
by (voting group)	
Dated	
(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)	
IDANIA CARPIO	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	