

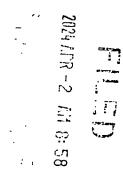
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<del></del>
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Certified Copies	Codificator	of Status
Certified Copies	_ Certificates	Or Status
Special Instructions to I	Filing Officer.	





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04/02/24--01900--020 \*+48.78





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FANTASTIC HOU	JSING IMPROVEMENTS	INC
DOCUMENT NUME	P1000009569		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARCOS REZENDE		
	·	Name of Contact Person	<u> </u>
	CSG - CAPITAL SERVICES	S GROUP, INC.	
		Firm/ Company	
	1191 E NEWPORT CENTEI	R DR #103	
		Address	
	DEERFIELD BEACH - FL 3	33442	
		City/ State and Zip Code	0
	CSG@THEWAYGROUP.B	IZ	
	=	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
1 of further information	reducerung in s matter, piea.	se can.	
MARCOS		at (	427-4770
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ANTASTIC HOUSING IMPROVEMENTS INC.

FILED

ration (if known)  Profit Corporation adopts the following amendment(s
ration (if known)
ration (if known)
The new
y," or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word
<del></del>
Florida, enter the name of the
ess)
ess)
, Florida (Zip Code)
(zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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)

Example:

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.

X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change		_	
Add			<u> </u>
Remove			
2) Change			
Add			
Remove 3) Change			
<b>A</b> dd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)	
<del></del>	<del> </del>	
<del></del>		
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
<del></del>		
	<del></del>	

The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	plock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amen ufficient for approval.	dment(s)
must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment for the amendment(s) was/were sufficient for approval	
The number of votes eas	for the amendment(s) was were sufficient for approval	
by	(voting group)	
March 19t Dated	h, 2024	
selecte	lirector, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	HUDSON M. LOPES	
	(Typed or printed name of person signing)	<del></del> _
	President	
	(Title of person signing)	