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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BETHEL HOME RENOVATIONS & CLEANING INC. P11000012098 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROSELY DE AQUINO Name of Contact Person KELSAM SERVICES Firm/ Company 10835 BIRCHARD LANE Address JACKSONVILLE FL 32257 City/ State and Zip Code ADMIN@KELSAM.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROSELY DEAQUINO** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & **✓** \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment to **Articles of Incorporation**

BETHEL HOME RENOVATIONS & CLEANING INC

BETTIEL HOME RETOVATIONS & SELFATING INTO:			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P11000012098			
(Document Number of Corporation (if known)			

	the corporation:	
ame must be distinguishable and contain t bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc," o	r "Co". A professional ⁱ corporati
. Enter new principal office address, if appl	licable:	Z SE
Principal office address <u>MUST BE A STREE</u>	T ADDRESS)	
		5
		SE
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		\$
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		, i
. If amending the registered agent and/or re		orida, enter the name of the
	tered office address:	
new registered agent and/or the new regis		
new registered agent and/or the new regis		
Name of New Registered Agent:		
	(Florida street addre	ess)
Name of New Registered Agent:	(Florida street addre	, Florida
Name of New Registered Agent:		,

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)

v.;

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMG	Fabio Almeida DaSilva	3908 WINRIDGE CT Jacksonville FI 32257	☑ Add ☐ Remove
AMG_	ISAAC M VIEIRA DE ASSIS	3908 WINRIDGE CT Jacksonville Fl 32257	☐ Add ☑ Remove
	·		
(anach ac	dditional sheets, if necessary). (Be spec	egie)	
provisi	nendment provides for an exchange, reports for implementing the amendment is of applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 10	0/12/2011
/	10/12/2011	(date of adoption is required)
		90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u> 1	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by		
•	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_10/1	12/2011	
Signature_	Idalin	a A. Vilina
sel	ected, by an incor	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		IDALINA A VIEIRA
	(Ту	ped or printed name of person signing)
		DIRECTOR
	(Title o	of person signing)