P11000043745

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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

OCT 1.5 2013

EXAMINER

APPROVEB

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUAREZ H	OME SERVICE	S REPAIR INC
DOCUMENT NUMBER: P1100004374		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mate	ter to the following:	
CARLOS SUABE	Z	
	Name of Contact Person	
4.0	Firm/ Company	
1840 8TH ST NE		
	Address	
NAPLES FL 3412		
	City/ State and Zip Code	?
CGPSSERVICES@A	AOL.COM	
	ed for future annual report	notification)
For further information concerning this matter, pleas CARLOS SUAREZ	at (239	, 253-3473
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made		•
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations I Building Executive Center Circle assee, FL 32301

APPROVEO AND FILED :

Articles of Amendment to Articles of Incorporation of

13 OCT -7 AM 10: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUAREZ HOMES SERVICES REPAIR INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if kr	iown)			
suant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> Articles of Incorporation:	ridu Profit Corpo	ration adopts	the following	g amendmen
If amending name, enter the new name of the corporation:				•
				The new
ne must be distinguishable and contain the word "corporation," orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord "chartered," "professional association," or the abbreviation "P.A	". A professiona	"incorporated corporation	d" or the at name must o	bbreviation
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)			· · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>	- .
			.	-
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, ente	r the name of	the .	
Name of New Registered Agent				
(Florida street	address)			
New Registered Office Address:		_, Florida	(Zip Code)	_
(City)			(Zip Code)	

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.

Exam ple: X_Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	S	_	PEDRO P. GARCIA CASAS	1840 8TH ST NE
✓ ∧dd				NAPLES FL 34120
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4)				
4) Change		_		
Add Remove				
Kemove				
5) Change		_		
Add				*****
Remove				
6) Change		_		
Add				
Remove				

E. <u>If amend</u> (Attach <i>ac</i>	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
ADD	PEDRO P. GARCIA CASAS (SECRETARY)
	
	
	,
 -	
F. <u>If an am</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisi</u>	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
(1)	
	· ·
	

APPROVED AND FILED

13 007 -7 AM 10: 28 her than the SECRETARY OF STATE TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 10/03/2013

date this document was signed.

10/02/2013

Effective date if applicable:	10/03/2013	I. OK
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/0	03/2013	
Signature _		
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	CARLOS SUAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	