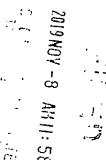
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PICK-UP WAIT MAIL	11/08/1901003012 **35.0		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EML GROUP HOMES Inc. DOCUMENT NUMBER: P12000005971
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marie Linda Risselin Name of Contact Person
EML GROUP Hones, Inc
1123 30th St ct east Address
Braden ton FL 34208 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Markie Linda Risselin at (305) 610 1346 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

EML GROUP Homes, Inc.		
(Name of Corporation as currently filed with	h the Florida Dept. of State)	
P12000005971		
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
\mathcal{N} /A		The new
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A pr word "chartered," "professional association," or the abbreviation "P.A."	any," or "incorporated" or rofessional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	~ 3
	, , ,	019
		- 5 7
C. Enter new mailing address, if applicable:	N / / 1/A	1 222
(Mailing address MAY BE A POST OFFICE BOX)	10 17	
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	rida, enter the name of the	-
Name of New Registered Agent VIA		
(Florida street address)		
N/A	121	
New Registered Office Address: City)	, Florida	(Zip Code)
		·
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and ac	cept the obligations of the pos	sition.
NIA		
Signature of New Registered :	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)

Remove

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>	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
1) Change	<u> </u>	EMMANUEL Met ellus	11207 Laurel Brook C Rivenview FL 33569.
Add Remove			Kivinview FL 33569.
2) Change			
Add			
Remove			
3) Change			
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Remove			
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4-		
amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
visions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
(ij noi applicable, maicale NA)	1	
	NA	
	, <u>, , </u>	

The date of each amendment(s) adoption:date this document was signed.	8/28/2019	, if other than the
-	8 28 2019 no more than 90 days after amendment file d	late)
Note: If the date inserted in this block does not redocument's effective date on the Department of Sta		nents, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr		amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro		
"The number of votes east for the amendm		
by(voting		
(voting	g group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action an	nd shareholder
The amendment(s) was/were adopted by the increation was not required.	corporators without shareholder action and sh	areholder
Dated	19 Landra	
(By a director, presider	nt or other officer – if directors or officers had orator – if in the hands of a receiver, trustee,	
<u>Marli</u> (Ty	ped or printed name of person signing)	
PR	(Title of person signing)	ient.