P120000 31839

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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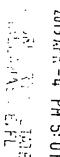
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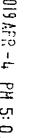


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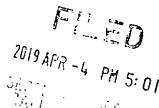
COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORATION: JONG HO	na Improvement Inc			
DOCUMENT NUMBER: P12,0000 31	·			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:			
	Alayado Jame of Contact Person Z. Improvemant Inc Firmy Company Address FL. 32832 The State and Zip Core Sechet March 1: Company In the Contact Inc Address A			
For further information concerning this matter, please cal				
Andras Acuvado Name of Contact Person	at (<u>321</u>) <u>946-3374</u> Area Cou & Daytime Telephone Number			
Enclosed is a check for the following amount made payab	le to the Florida Deput ment of State:			
Certificate of Status ()	Additional copy is enclosed) SS2.50 Filing Fee Certificate of Status Certified Copy 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



Taya Homa Improvement Inc

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

Place 31839

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

		The n
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc," or "Co". A profession	
 Enter new principal office address, if applicable 		
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)	
,		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
). If amending the registered agent and/or register	red office address in Florida, ento	er the name of the
new registered agent and/or the new registered		
new registered agent and/or the new registered	office address:	
new registered agent and/or the new registered	office address:	
new registered agent and/or the new registered	affiçe nddress; (Florida street address)	
new registered agent and/or the new registered	office address:	
Name of New Registered Agent	affiçe nddress; (Florida street address)	, Florida
new registered agent and/or the new registered	affiçe nddress; (Florida street address)	, Florida
new registered agent and/or the new registered	affiçe nddress; (Florida street address) (City)	, Florida
new registered agent and/or the new registered	office address; (Florida street address) (City)	, Florida(Zip Code)
New Registered Agent's Signature, If changing Reg	office address; (Florida street address) (City)	, Florida(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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	<u>S</u>	Victor H. Gonzalaz	
Remove			
2) Change Add			
Remove	ļ		
3) Change Add			
Remove	j		
4) Change			· · · · · · · · · · · · · · · · · · ·
Remove	Ì		
5) Change	- 1	- 	
Remove		· _	
6) Change		. 	
Remove		- -	

amending or adding a stach additional sheets,	if necessary,). (Be specific)				
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an amendment provid	es for an ex	change, reclassifi-	ration, or cancell	ation of issued i	hares.	
(if not applicable, in	dicațe N/A)	estimissing in 1194 Co	AISATHEW ON THE R	pienaniem nisen	<u>.</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3/39/19	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vo-es cast for the amendment by the shareholders was/were sufficient for approval.	((1)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	seni
"The number of votes cast for the amendment(s) was/were sufficient fin approval	
by 1 (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without share milder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3 29/19	
Dated 3/29/19 Signature Smokes Scovers.	
(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 courappointed fiduciary by that fiduciary)	
Andres F Acquado (Typed or printed name of person signing)	
SV	
(Title of person signing)	