P13000005000

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





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>HECTOR</u>	CRUZ GEN	EDAL HAVING & MOVOR HOM
DOCUMENT NUMI	ber: <u> </u>	005660	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HC Gen 1911 Brus Tami	OH T.J. 3. City/ State and Zip Cod	g + REPAIT Sev, INC - 3012
	E-mail address: (to be us	has a W VOT1 sed forfuture annual report	notification)
For further information	n concerning this matter, pleas	se call:	
<u>Jana</u>	Sanhafo of Contact Person	at (<u>913</u> 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)
<u>Mai</u>	ling Address	Street	<u>Address</u>

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

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

Articles of Amendment

Arti	to icles of Incorporation
Hor Chiz General H	auling & Minor Home Repa
(Name of Corporation as currently filed y	with the Florida Dept. of State
<u> </u>	5060
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	
	The new
name must be distinguishable and contain the word "c" "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	SS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	$\mathcal{V}\setminus\mathcal{H}$
	•
	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered offic	ce address:
Name of New Registered Agent	
-	(Florida superladdress)
New Registered Office Address:	, Florida
-	(City) (Zip Code)
	27
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
i nereoy accept the appointment as registered agent. I am	ري

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/di

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.

Example: X Change	<u>PT</u> John I		
-			
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address .
1) Change	DICEO	HECTOR Cruz	1911 Brust Ave TAMPH F1.33612
Remove			
2) Change			
Add			
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendi</u> (Attach <i>aa</i>	<mark>ing or adding ad</mark> Iditional sheets, if	<mark>ditional Artic</mark> ' <i>necessary)</i> .	les, enter ch (Be specific	nnge(s) her	<u>e</u> :		
					DEF	100 r	15 N) t
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F. If an ame	endment provide	s for an excha	nge, reclass	ification, or	cancellatio	n of issued sha	res.
provisio	ns for implement	ting the amen					-
(y n	ot applicable, ind LaQ	icaie N/A)					
	DIC						
			 				
							. .

The date of each amendment(s) adoption: 5/23/13
6/22/12
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by Glona Structure (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 5/23/13 Signature Signature
(By a director, president or other officer — if thectors or officers have not been selected, by an incorporator — if in the hards of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Gloma Santiago
(Typed or printed name of person signing)
(Title of person signing)