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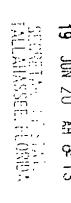
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JUL 0 1 2019 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: CYPRESS HANDYMAN SERVICES INC			<u> </u>		
OCUMENT NUMBER: P13000019546					
The enclosed Articles of Amendm	<i>ent</i> and fee are su	ibmitted for filing	y .		
Please return all correspondence c	oncerning this ma	tter to the follow	ring:		
	OSWAI	LDO VELIS			
		Name of Cor	itact Persor	1	
	CYPRE	ESS HANDYMA	N SERVIC	DES INC	
		Firm/ Co	mpany		
	745 NE	E 43RD ST			
		Addı	ess		
	OAKLAND PARK, FL 33334				
	City/ State and Zip Code				
	OI-VEL	IS@HOTMAIL	.COM		
E-mail	address: (to be us	***		notification)	
For further information concerning	•		954	297-4139	
Name of Contact P	Area Code & Daytime Telephone Number				
Enclosed is a check for the following	ng amount made p	payable to the Fl	orida Depa	artment of State:	
	75 Filing Fee & ficate of Status	S43.75 Filit Certified Co (Additional enclosed)	рy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				<u>Address</u>	
Amendment See				ment Section	
Division of Corp	porations			on of Corporations	
P.O. Box 6327	22214			Building	
Tallahassee, FL	34314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

CYPRESS HANDYMAN SERVICES INC

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P13000	019546
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	The new land of the new land of the subtreviation "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	ed office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address;	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Simu	there of Nove Ranictarial Amont 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)

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	$\underline{\mathbf{V}}$	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	V	MARIA I SANDOVAL	6724 NW 62ND STREET
X Add			TAMARAC, FL 33321
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Muach <i>daamoi</i>	r adding additional Ai nul sheets, if necessary)). (Be specific)			
					
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				<u>-</u>	
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If an amendm	ent provides for an ex r implementing the an	change, reclassifica	tion, or cancellation tained in the amend	of issued shares, Iment itself:	
(if not ap _l	plicable, indicate N/A)				
N/A 					
					

	June 18, 2019	
The date of each amendment(s) addate this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment f	(ile date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requestrment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The jeach voting group entitled to vote separately on the am	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder actic	on and shareholder
■ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action an	id shareholder
June	18, 2019	
DatedSignature	walch J. Vilia.	
(By a di selected	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	OSWALDO VELIS	
-	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	