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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New To You Homes	s Inc
DOCUMENT NUMBER: P13000064212	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Carolyn Gailfoil	
	Name of Contact Person
New To You Homes	
···	Firm/ Company
4434 NW 13th Street	
	Address
Gainesville, FL 32609	
	City/ State and Zip Code
newtoyouhomesinc@gmail.com	
E-mail address: (to be use	d for future annual report notification)
•	
For further information concerning this matter, please	call:
Carolyn Gailfoil	at (352 727-7127
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

New To You Homes Inc			
(Name of Corporation as curre	ently filed with the Florida Dept. of Sta	<u>te</u>)	
P13000064212			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the	e following amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>		
N/A		The new	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corporation na	or the abbreviation	
B. Enter new principal office address, if applicable:	N/A	 1 、 .	
(Principal office address MUST BE A STREET ADDRESS)	PESS)		
		E E	e de de
C. Enter new mailing address, if applicable:	N/A		4 _{1.}
(Mailing address MAY BE A POST OFFICE BOX)	N/A		
		3 0 O	
			•
D. If amending the registered agent and/or registered office a		<u>e</u>	
new registered agent and/or the new registered office addr	<u>ress:</u>		
Name of New Registered Agent N/A			
(Florido	a street address)		
New Registered Office Address:	. Florida	1	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili		nocition	
Thereby decept the appointment as registered agent. I am jumit	ar with and accept the obligations of the	Jostiion.	
Signature of Ne	w 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)

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
I) X Change	PD	Carolyn Gailfoil	4434 NW 13th Street
Add			Gainesville, FL 32609
Remove			
2) Change	VPD	Carissa Clayton	4434 NW 13th Street
x Add			Gainesville, FL 32609
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
<u></u>			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Carolyn Gailfoil 50% interest in company, Carissa Clayton 50% interest in company
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/30/2016 Dated	
Signature (By a director, president of other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	
Carolyn Gailfoil	
(Typed or printed name of person signing)	
President	
(Title of person signing)	····