P13000078844

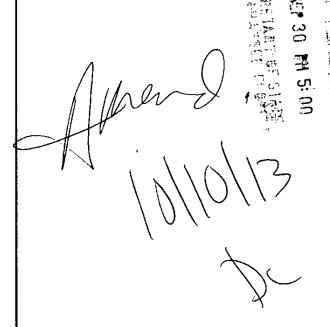
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COVER LETTER

TO: Amendment Section

Division of Corporations HOME TRADIE INC. F13000078844 NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John FORET

Name of Contact Person HOME TRADIE INC 260 MAITLAND AVE # 2000 Address ALTAMONTE SPRINGS FL 32701 City/State and Zip Code John 6 HOME TRADIE (COM)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tohn For ET at (467) 571-2982

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

of WAME TRADIC INC

MOME TRADIE IN	C
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P / 30000788 44 (Document Number of Corporation (i	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•
C. Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	
	() () () () () () () () () () () () () ()
	water
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	<u> </u>
	3
(Florida str	eet address)
N. B. 14 1000 411	FI 11.
New Registered Office Address: (City)	, Florida
	- '
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Signature of New Registered A	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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1)Change	PRESIDENT JOHN FORET	244 LAZYACRES LN.
_X Add		LONGWOOD FL 32750
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change	·	
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u></u>		
•				
		·		
			-	
				
			10.1	
		·		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassificat	<u>ion, or cancellation</u> ained in the amendi	of issued shares, ment itself:	
(if not applicable, indicate N/A)				
				
,				
			···	· · · ·

The date of each amendment(s) adoption: 9-27-13	, if other than the
date this document was signed.	_
Effective date if applicable: 9-27-13	
(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" (voting group)	
(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.	
Dated9-27-13	
Dated 9-27-13 Signature Suson 1. Font	
(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 court appointed fiduciary by that fiduciary)	
SUSAN L. FORKT	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	