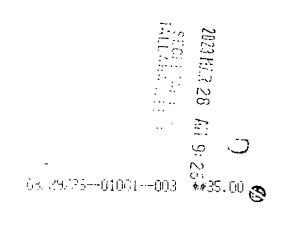
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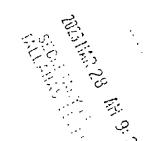
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: HRI - HOME REP	TABILITATORS INC.	
DOCUMENT NUM	IBER: P14000032152		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Tyler Johnson		
		Name of Contact Person	n
	Threlkeld Law, P.A.		
		Firm/ Company	
	3003 Tamiaimi Trail N., Suit	e 400	
		Address	
	Naples, FL 34103		
		City/ State and Zip Cod	e
	tyler@napleslegal.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea		234-5034
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

Articles of Amendment to Articles of Incorporation of



HRI - HOME REHABILITATORS INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P14000032152		
(Document Number of	Corporation (if known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> 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," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, "or "incorporated" or the abbreviation professional corporation name must contain	"Corp.," the word
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)		
		
D. If amending the registered agent and/or registered office addr		
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	. Florida	
	City) (Zip Co	<u>de)</u>
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	
Charlett annitochla	-	
Theck if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VTS	Mark E. Dussault, Sr.	2071 19th Street SW
Add			Naples, FL 34117
Remove			
2) Change	P	Michael Mobus	1891 Elsa St., Unit C
X Add			Naples, FL 34109
Remove 3) Change			
Add			
Remove			
4) Change	 -	_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendme	ent provides for	an exchange, re	eclassification,	or cancellation	of issued share	25,
Uf not an	licable, indicate	the amendment	ir not containe	a in the amena	ment itself:	
vy no. upp	medic, marcuse	11/21/				
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	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	ute)
Note: If the date inserted in this b document's effective date on the Do	ock does not meet the applicable statutory filing requirem partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	reholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The follo each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, w	
	(voting group)	
March 28, 1	023	
Dated	gned by:	
Signature Mich		
(By Hill selected	Pecitor, president or other officer – if directors or officers hat, by an incorporator – if in the hands of a receiver, trustee, and fiduciary by that fiduciary)	
	Michael Mobus	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	