## P14000061479

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HOME PROFESSIONAL SERVICE INC

DOCUMENT NUMBER: P14000061479

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL VASCONEZ

Name of Contact Person

REV MULTI SERVICE CORP

Firm/ Company

1735 NE 157 TERR

Address

N. MIAMI BEACH, FL. 33162

City/ State and Zip Code

REVMULTISERVICE@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL VASCONEZ

at (305

7885207

Name of Contact Person

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

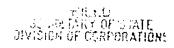
□\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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



14 AUG 18 AM 8: 40

## HOME PROFESSIONAL SERVICE INC

(Name of Corporation as currently filed with the Flor P1400061479	rida Dept. of State)
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida 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 "Coword "chartered," "professional association," or the abbreviation "P.	". 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)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
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 wit	h and accept the obligations of the position.
Signature of New Registered Ag	ent, 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
1) Change	PT	GUSTAVO PASSARELLA	15152 NW 91 CT
Add			MIAMI LAKES, FL. 33018
Remove			
2) Change	PT	GUSTABO PASARELA	15152 NW 91 CT
Add		•	MIAMI LAKES, FL. 33018
Remove			
3) Change			•
Add			-
Remove			
4) Change			
Add			
$\overline{}$			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			
Kelliove			

(Attach additional sheets, if necessary).	<u>ticles, enter change(s) here</u> : . <i>(Be specific)</i>
,	
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 07/26/2014 if other than the date this document was signed. 14 AUG 18 AM 8: 40 07/26/2014 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 (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\_\_07/26/2014 Signature (Byla director, president or other officer - if directors or officers have not been an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) RAFAEL VASCONEZ (Typed or printed name of person signing) REGIDTERED AGENT (Title of person signing)