P14000061935



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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

	ATION: PINES PI 40000		, INC	
DOCUMENT NUMBI	ER:			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	SUNIL '	DEONARINES	INGH	
PINES REMODELING, INC				
-	251 PAU	Firm/Company M CIRCLE WO	EST APTHIOA	
_	PEMBROK	E PINES /FL		
		City/ State and Zip Code	e	
	E-mail address: (to be us		notification)	
Sunil DEO	NARINES INGH	at 954	665-5209	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made I	payable to the Florida Depa	rtment 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		Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

	Articles of Incorporation	n	FILE	,U.	
PINES REMODE	LING, INC		SEP-4		
(Name of Corporation as curre	ently filed with the Florida De	ot. of State)	eur Ary	ÜĖ	STATE
(<u>Name of Corporation as curr</u> P14000061935		JAL.	LAHASSE	E, F	FORIUA
	nber of Corporation (if known)	70 ·			
Pursuant to the provisions of section 607.1006, as Articles of Incorporation:	Florida Statutes, this Florida Pr	ofit Corporati	ion adopts th	ie foll	owing amendment(s)
A. If amending name, enter the new name of	f the corporation:				
PINES HANDYMAN	I SERVICES	TN			The non
name must be distinguishable and contain ti	he word "corporation," "comp	any," or "in	corporated'	or t	The new he abbreviation
'Corp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "Co". A pa	rofessional co	rporation n	ame n	nust contain the
vord "chartered," "professional association,"	or the abbreviation "P.A."	. 1	Λ		
3. Enter new principal office address, if app	licable:	\mathcal{N}	4		
Principal office address <u>MUST BE A STREE</u>	TADDRESS)				
	<u> </u>	···-			
Tutou nove molling address if anni-abl-			n 1		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE APPLICATION OF THE PROPERTY OF		Λ.	JA		
					
 If amending the registered agent and/or r new registered agent and/or the new registered. 		rida, enter the	e name of tl	<u>1e</u>	
now registered agent and of the new regi	A) /A			
Name of New Registered Agent		/H			
	(Florida street address)				
New Projections of Office Address	A(A	Τ.			
New Registered Office Address:	(City)	, FIG	orida /Zi	p Code	 eJ
	(()		7
New Registered Agent's Signature, if changi	ng Registered Agent:				
hereby accept the appointment as registered a	gent. I am familiar with and ac	cept the oblig	ations of the	posit	ion.
	NA				
Signatur	e of New Registered Agent, if ch	anging			
5.6	, , , , , , , , , , , , ,				

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>	Name	. ^ 1	<u>Addres</u> s
1) Change		_ 	N.A	******
Add				
Remove			N.A	
2) Change				
Add				
Remove 3) Change			N.A	
Add				
Remove			. 0 .	
4) Change			N·A	- · · · · · · · · · · · · · · · · · · ·
Add				
Remove			Λ 1.	
5) Change			N.Y	
Add				
Remove			N.A	
6) Change				
Add				
Remove				

If amending or adding a Attach additional sheets,	<u>lditional Articles.</u> f necessary). (B	<u>, enter change(s) h</u> e specific)	<u>iere</u> :		
ARTICLE:	III) –	Adding	purpose zed is:	of corpor	ration
1. (Hande	iman S	pervices)		
		/			
f an amendment provided provisions for implement (if not applicable, inc	ting the amendm	e, reclassification, ent if not contains	or cancellation of ised in the amendmen	sued shares, t itself:	
		W.A			
					

9/2/2014	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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	
by	
(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 Signature	
(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)	
Sunil DEONARINES INGH (Typed or printed name of person signing)	
(1 spea or printed mans or persons signing)	