P1400089519

P14000089519

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



100266576181

11/20/14--01005--025 **35.00

14 HOV 20 AM II: 38

DEC 02 2013

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

| | RATION: PHOENIX | | S, INC | | | |
|--|---|--|--|--|--|--|
| | DOCUMENT NUMBER: P1400089519 | | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | | |
| | BILL HUMPHRE | YS | | | | |
| | Name of Contact Person | | | | | |
| | Firm/ Company | | | | | |
| | 38122 INWOODS TRL | | | | | |
| | Address EUSTIS, FL 32736 | | | | | |
| | | City/ State and Zip Cod | e | | | |
| | | | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | | |
| For further information | on concerning this matter, pleas | se call: | | | | |
| BILL HUMPHREYS | | at (352 | , 4094055 | | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment 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 | | Ameno Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle | | | |
| | | Tallahassee, FL 32301 | | | | |

Articles of Amendment to Articles of Incorporation of

PHOENIX HOME REPAIRS. INC

| | f State) | A | E |
|--|--|--|--|
| | | | - = |
| ation (if known) | | 5 | 2 7 |
| es, this <i>Florida Profit</i> | Corporation ado | pts the following | amendmen |
| ion: | | | The new |
| " or "Co". A profes | | | |
| | | | |
|) | | | |
| ······································ | | | |
| | | | |
| | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | |
| | | | |
| re address in Florida | enter the name | of the | |
| | tone the name | <u>or the</u> | |
| | | | |
| | | | |
| | | | |
| orida street address) | | | |
| | Florida | | |
| (City) | , riorida | (Zip Code) | |
| •• | | • | |
| | | | |
| Agent: | | | |
| | the obligations | of the position. | |
| | | | |
| stered Agent, if change | · | | |
| 1: | tion: poration," "company ," or "Co". A profe. iation "P.A.") ice address in Florida address: orida street address) (City) | es, this Florida Profit Corporation ado tion: poration," "company," or "incorporation" or "Co". A professional corporation "P.A.") ce address in Florida, enter the name address: orida street address) (City) Agent: | es, this Florida Profit Corporation adopts the following tion: "poration," "company," or "incorporated" or the able, " or "Co". A professional corporation name must collistion "P.A.") "ce address in Florida, enter the name of the address: orida street address) Florida (City) (Zip Code) |

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) | Title | <u>Name</u> | Address |
| 1) Change | D | DAN GAUDIG | 38122 INWOODS TRL |
| Add | | | EUSTIS, FL 32736 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| $\overline{\Box}$ | | | |
| | | | |
| L ∧dd | | | |
| Remove | | | |
| 4) Change | | | |
| Add | • | | |
| Remove | | | |
| | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| If amen Attach | ding or adding additional Articles, enter change(s) here: idditional sheets, if necessary). (Be specific) |
|-------------------|---|
| Auden | additional sheets, if hecessary). The specific |
| | , they are |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| lf an ar | nendment provides for an exchange, reclassification, or cancellation of issued shares, |
| provis | ions for implementing the amendment if not contained in the amendment itself: |
| (if | not applicable, indicate N/A) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s date this document was signed. |) adoption: 11/1//14 | , if other than the |
|---|--|---------------------|
| _ | 1/17/14 | |
| Effective date in applicable. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval. | |
| | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | |
| | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| Dated_11/17. | /14 | |
| Signature | Buch | |
| sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | |
| | BILL HUMPHREYS | |
| | (Typed or printed name of person signing) | |
| | PRESIDEN | |
| | (Title of person signing) | |