## P1500000 3957

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2019 JT\_ 1.9 AH 8: 48

## COVERLETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, PL 32314

NAME OF CORPORATION: DOIT BY GIACO. HOME REpaire Services INC				
NAME OF CORPORATION: OF CORPORATION:				
DOCUMENT NUMBER: P15000003957				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Doit By Grace. Hong Repairs Services INC  Pirm/ Company  1225 NW 10321 King # 205  Address  MIAM. FL 33147  City/ State and Zip Code				
Mrdotall 33 D Jaho. Com.  1:-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DUDLEY CAmpbell at (786) 747315  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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Certified Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations				

Clifton Building

Tallahassec, FL 32301

2661 Executive Center Circle



July 8, 2019

DUDLEY CAMPBELL 1225 NW 10321 LN #205 MIAMI, FL 33147

SUBJECT: DO IT BY GRACE HOME REPAIR SERVICES INC

Ref. Number: P15000003957

We have received your document for DO IT BY GRACE HOME REPAIR SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please have a officer or director sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00013718

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to

## Articles of Incorporation

Or .	, <u>2019 J. 19 AM 8: 48</u>
Doit By Giaco INE Home F	REPOLIT SERVICES INC
(Name of Corporation as currently	filed with the Flurida Dent, of State)
P15000003957	<u>'</u>
(Document Number of	Corporation (if known)
summ to the provisions of section 607.1006, Plorida Statutes, this i Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the cornoration;	
No Change	The new
me must be distinguishable and contain the word "corporation orp.," "Inc.," or Co.," or the designation "Gorp," "Inc," or "Cord "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	122540 1030 lang.
incipal affice address MUST BE A STREET ADDRESS )	#205
	HIGHI FL 33147
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS Above
If amending the registered agent and/or registered office address; new registered office address;	
Name of New Registered Agent	
(l'Iorida stre	et address)
New Registered Office Address:	(City) (Lip Code)
•	(City) (Lip Code)
ew Registered Agent's Signature, if changing Registered Agent: wereby accept the appointment as registered agent.—I am familiar w	
Signature of New Ro	egistered 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; CKO = 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.

X.Change	PT	John Dac	
X Remove	¥	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Dulley CAMPBELL	
Add			#205
Remove			MIAMI FL 33147
2) Change			
			, , , , , , , , , , , , , , , , , , ,
Remove			
3) Change	<del>-</del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	*******	***	
Add			
Remova			
6) Change	<del></del>		
Add			

	(He specific)
f an amendment provides for an exchange the ame	nange, reclassification, or cancellation of issued theres,
f an amendment provides for an exch provisions for implementing the ame (If not applicable, indicate N/A)	nange, reclassification, or cancellation of issued thares, number if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued thares, nament if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued thares, named in the amendment itself;
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if nat applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame (if nat applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 69 15 19, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval
hy
(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,
Duted 07/15/19
Signature Dudley Edul LI
(By a director president or other officer - if directors or officers have not been
selected, by in incorporator = if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Dudley (auch b)
(Typed of printed name of person signing)
Phesident
(Title of person signing)