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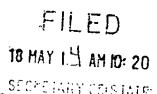
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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EMMAUS REMO	DELING SERVICES INC		
DOCUMENT NUME	BER: P15000014140			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	DIANA M MONCAYO			
		Name of Contact Person	1	
	-	Firm/ Company		
	15631 NW 52 AVE #106			
		Address		
	HIALEAH, FL 33014			
	<del></del>	City/ State and Zip Cod	e	
emni	ausremodeling@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
DIANA M MONCAYO		aı (	285-0409	
Name of Contact Person		at (		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 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



EMMAUS REMODELING SERVICES INC

(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P15000014140	
(Doct	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	30X)
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	(City) (Zip Code)  Registered Agent:  t. I am familiar with and accept the obligations of the position.

Signature of New Registered 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; 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	Name	Address
1) Change	D	MICHELLE MARTINEZ	15631 NW 52 AVE #106
Add			HIALEAH, FL 33014
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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f an amendment provides for an exc	change, reclassifica	tion, or cancellatio	n of issued shares,	
provisions for implementing the am	change, reclassifica	tion, or cancellatio tained in the amen	n of issued shares, dment itself:	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassifica endment if not con	tion, or cancellatio tained in the amen	n of issued shares, dment itself:	
provisions for implementing the am	change, reclassifica endment if not con	tion, or cancellatio tained in the amen	n o <u>f issued shares,</u> dment itself:	
provisions for implementing the am	change, reclassifica endment if not con	tion, or cancellatio tained in the amen	n of issued shares, dment itself:	
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provisions for implementing the am	change, reclassifica endment if not con	tion, or cancellatio	n of issued shares, dment itself:	

The date of each amendment(s	05/11/2018 adoption:	, if other than the
date this document was signed.	, adaptiviti	, it other than the
	5/11/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	mo more than in days tyles amonament, no that	
<b>Note:</b> If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
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 amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s 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)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shar	
action was not required.	adopted by the incorporators without shareholder action and sharehol	der
05/11/2	018	
Dated		
Signature(By	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	
арр	ointed fiduciary by that fiduciary)	
	DIANA M MONCAYO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	