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Office Use Only



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T. LERMELIX

COVER LETTER

TO: Amendment Section

Division of Corpora	ations				
NAME OF CORPORA	TION: Goal f	Best Home	e Repairs INC.		
DOCUMENT NUMBE	NAME OF CORPORATION: Guality Best Home Repairs INC. DOCUMENT NUMBER: 2150000 415 54				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Michael	Pener			
Name of Contact Person Ourly Best Home Repairs FAC. Firm/ Company					
291 SAFISICOL CW. Address					
Address					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Hicknel	Perce	at (407	36c - 7927		
Name of	Contact Person	Area Co	le & Daytime Telephone Number		
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	Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	dment Section	Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314		2001 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

(Name of Corporation as currently filed P150006 41354 (Document Number of Com	INC.
(Name of Corporation as currently filed	with the Florida Dept. of State)
P150006 41554 (Document Number of Corp	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	The new ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/4
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: Name of New Registered Agent MA	Florida, enter the name of the
(Florida street add	ress) ·
New Registered Office Address: N4	ri esta
New Registered Office Address: 7V 14 (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an I A Signature of New Register	ed 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	Ã	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) MAChange		NIA	<u> </u>	
Add				
Remove				
2) Change		NA		
Add				
Remove				
3) Change		1/4		
Add				
Remove				
4) Change		Net		
Add				
Remove				
5) Change		NA		
Add				
Remove				
6) Chenge		N4		
6) Change		FV 44		
Add			·	
Pemove				

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The date of each amendment(s) adoption: 7/7/6 date this document was signed.	, if other than the
<u> </u>	
Effective date if applicable:	fter amendment file date)
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vote must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	, , , , , , , , , , , , , , , , , , ,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shar action was not required.	cholder action and shareholder
Dated 7/7/16	
Signature // . / . / . / . / . / . / . / . / . /	
selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	Tarbouron, addices, or states country
Michael Pence	person signing)
President (Title of person	•
(Title of person	signing)