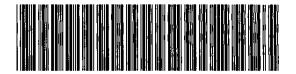
P15000050622

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(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE

JUL & 2016 CLEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Better Home Improvement of South Florida DOCUMENT NUMBER: P15000050622
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rudolph Bonhomme
Better Home Improvement of South Florida Inc.
Firm/Company
P.O. Box 3053 Hallandale Beach, FC 33008 City/ State and Zip Code
Address
Hallandale Beach FC 33008
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rodol H Bonhomme at (786) 346 - 6089 Name of Contact Person Area Code & Daytime Telephone Number
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) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address Amandment Section
Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

FILLEG SECRETARY OF STATE DIVISION OF CORPORATION:

Better Home Ing	provement os	= South	Storida 1	,y ,⁄_ (
(Name of Co	rporation as currently filed	with the Florida Der	ot. of State)	
P1500	0050622			
	(Document Number of Corpo	ration (if known)	-	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:		Profit Corporation a	adopts the following amendmen	t(s) t
A. If amending name, enter the new name o	f the corporation:			
			The new	
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A			
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>				
C. Enter new mailing address, if applicable	<u>::</u>			
(Mailing address MAY BE A POST OFF)				
D. If amending the registered agent and/or new registered agent and/or the new reg		Clorida, enter the na	me of the	
Name of New Registered Agent				
Hame of New Neglistered Figure	-			
	(Florida street addre	255)		
New Registered Office Address:	(City)		_, Florida (Zip Code)	
	(//		1.7	
New Registered Agent's Signature, if changi				
I hereby accept the appointment as registered of	agent I am familiar with and	accept the obligation	ns of the position.	
	Signature of New Registere	d 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		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change	<u></u>	Charnise	z Borhomn	ne P.O. Box 3053 Hallandale Beach
_ X _ Add				Hallandale Beach
Remove				FL 33008
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			· 	
Add				
Remove				

Attach <i>additional sheets, if necessary).</i>	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	June	27	2016	Fillik other than the SECRETARY OF STATE JUVISION OF CORPORATION
date this document was signed.		·		DIVISION OF CORPORATION
Effective date <u>if applicable</u> :	o more than 90 days o	ifter amendr	nent file date)	2016 JUL - 1 AM 8: 49
Note: If the date inserted in this block does not m document's effective date on the Department of State	eet the applicable sta			his date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)			
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		r of votes ca	st for the amend	ment(s)
☐ The amendment(s) was/were approved by the shamust be separately provided for each voting grounds.				
"The number of votes cast for the amendme	nt(s) was/were suffic	ient for appr	oval	
by(voting g			.,,	
(voting g	group)			
The amendment(s) was/were adopted by the board action was not required.	d of directors without	shareholder	action and share	eholder
☐ The amendment(s) was/were adopted by the incoraction was not required.	rporators without sha	reholder acti	on and sharehold	ler
Dated 6/27 1 Signature 35	6			
Signature #	•	<u>.</u>		
(By a director, president selected, by an incorpor	or other officer – if of			
appointed fiduciary by the		or a receive	, trustee, or othe	reduit
Rodo	IN Be	nhor	nme	
(Туре	ed or printed name of	person sign	ing)	
_ P	residen	t_		
	(Title of perso	n signing)		