Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: MIGUEL TURBAY

Account Number : I20160000083

Phone

: (305)267-0565

Fax Number

: (305)266-3515

R. WHITE

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN 305 HOME REPAIRS INC

Certificate of Status	0
Certified Copy	1
Page Count	(0\$06
Estimated Charge	\$43.75

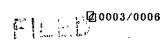
Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO: Amendment Sec Division of Corp	- ·			
NAME OF CORPO	RATION- 305 HOME REPA	IRS INC	•	
	(BER:P15000073469		<del></del>	
DOCUMENT NUM	(BER:		· · · · · · · · · · · · · · · · · · ·	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this mat	tter to the following:	-	
	MIKE TURBAY			
		Name of Contact Person	1	
,	MIGUEL TURBAY CPA			
		Firm/ Company		
	2138 SW 67 AVE			
	-	Address		
	MIAMI FL 33155			
		City/ State and Zip Cod-	e	
MA	IKOINS@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informati	on concerning this matter, pleas			
MIKE TURBAY		at (	) 267-0565 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	for 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)	
<u>M</u> :	ailing Address		Address	
	nendment Section vision of Corporations		lment Section on of Corporations	
P.0	D. Box 6327	Clifton Building		
Ta	llahassee, FL 32314		xecutive Center Circle	



16 OCT 20 AM 9: 25

SECREMAN TOWNER TALL AND A SECRETARIA

Articles of Amendment
to
Articles of Incorporation
nf

Dept. of State)  on adopts the following amendment(  The new orporated" or the abbreviation poration name must contain the
The new orporated" or the abbreviation
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<del></del>
·
•
name of the
<del></del>
. Florida
(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	PT	John Do	<u>2¢</u>		
X Remove	<u>v</u> ·	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally St	mith		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	S	_	IULIA MORENO MORENO		1969 SW 10 ST UPPER
Add					MIAMI FL 33135
X Remove			·		·
2) Change		_		_	· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
3) Change		_		_	
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
4) Change		-			
Add			•		
Remove					
5) Change		_		_	
Add					
Remove					
6) Change					
Add	,,,,,,	_	•	•	
		•		•	
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
)	
•	
·	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

	10/18/2016	
The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Da	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	·
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
10/18/2016	;	
DatedSignature	Bon Lemakin	_
(By a d	irector, president or other officer - if directors or officers have not been	_
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
<b>-</b> ppo	• •	
	BENJAMIN F TOMPKINS	
	(Typed or printed name of person signing)	
*	PRESIDENT	
	(Title of person signing)	