P15000096619

Office Use Only



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Omend/ Name Change

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: MAX HOME INS	PECTORS INC.		
	JMBER: P15000096619			
	cles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	atter to the following:		
	SILVIA ROSSBACH			
		Name of Contact Person	n	
	MAX HOME INSPECTORS	INC.		
		Firm/ Company		
	18459 PINES BLVD, SUITE	E 160		
	-	Address		
	PEMBROKE PINES, FL 330)29		
		City/ State and Zip Cod	e	
	SILVIA@MAXHOMEINSP	ECTIONS.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further inform	ation concerning this matter, plea-	se call:	-	7
SILVIA ROSSBA	.CH	305	773-4194	:
Name of Contact Person			de & Daytime Telephone Number -	·-:
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	: : چې
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	.0
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

MAX HOME INSPECTORS INC	<u></u>		
	tly filed with the Florida Dept. of State)		
P15000096619			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the follow	wing amendment(s	
A. If amending name, enter the new name of the corporation: MH12022 INC.		The new	
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co", 'chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must con	ation "Corp.,"	
3. Enter new principal office address, if applicable:	18459 PINES BLVD		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 160		
	PEMBROKE PINES, FL 33029		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18459 PINES BLVD		
	SUITE 160		
	PEMBROKE PINES, FL 33029	2002	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		7.13	
Name of New Registered Agent		<u>·</u> :]	
		 မှာ - '	
(Florida s	treet address)		
New Registered Office Address:			
	(City) (Z	ip Code)	

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	FRANCO GONZALEZ, ALCIDES I	1300 SW 125TH AVE - K308
Add			PEMBROKE PINES, FL 33027
X Remove			
2) Change	<u>S</u>	ROSSBACH, SHAWN S.	18459 PINES BLVD. #160
X Add			PEMBROKE PINES, FL 33029
Remove 3) X Change	P	ROSSBACH, SILVIA C.	18459 PINES BLVD. #160
Add			PEMBROKE PINES, FL 33029
Remove			
4) X Change	<u>V</u>	FEINGLAS, ROBIN	18459 PINES BLVD, #160
Add			PEMBROKE PINES, FL 33029
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nding or adding additional Artic additional sheets, if necessary).	(Be specific)
-		
		-
	<u>-</u>	-
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	_	
		
If an a	mendment provides for an excha	nange, reclassification, or cancellation of issued shares,
<u>provis</u>	sions for implementing the anien f not applicable, indicate N/A)	ndment if not contained in the amendment itself:
'A	, mar approximate, transcate 1971,	
A		

The date of each amendment(s) adoption:, 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval
by" (voting group)
06/29/2022 Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
SILVIA ROSSBACH
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)