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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: H & H Home Improvements Inc DOCUMENT NUMBER: P16000012751 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kelly A Hoffman Name of Contact Person H & H Home Improvements Inc Firm/ Company 72 Magaw Pl Address W. Babylon, NY 11704 City/ State and Zip Code HHHomeimprovementinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelly A Hoffman at (631) 579 - 1585

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

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H & H Home Improvements Inc. (Name of Corporation as currently filed with the Florida P16000012751 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1015 Falconer St. NW B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Palm Bay FL, 32907 C. Enter new mailing address, if applicable: 72 Magaw Pl (Mailing address MAY BE A POST OFFICE BOX) W. Babylon, NY, 11704 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>oneş</u>		
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change	Off.		John Becker	_	434 Saragassa Ave
Add					Palm Bay, FL, 32909
X Remove					
2) Change				_	
Add					
Remove					
3) Change		_		-	
Add					
Remove					
4) Change				_	
Add					
Remove					
5)Change	<u></u>			_	
Add					
Remove					
6) Change					
6) Change				_	
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)

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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

06/01/2016 The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	eholder
Signature (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Kelly A Hoffman	
Secretary Secretary	en
(Title of person signifig)	