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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Home Guard Man	agement Inc	
	IBER: P16000032646		
The enclosed Article	s of Amendment and fee are so	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Kathy Gileno		
		Name of Contact Perso	n
		Firm/ Company	
	8610 NW 57 Court		
		Address	
	Tamarac, FI 33321		
		City/ State and Zip Cod	e
ınslı	idylu@comeast.net		
- · · · · ·	E-mail address; (to be u	sed for future annual report	notification)
	on concerning this matter, pleas		
Kathy Gileno		954 at (547 0369
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or 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)
An Div	uiling Address condenent Section vision of Corporations D. Box 6327	Amenc Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Home Guard Management Inc	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P160000032646	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Property Mgmt Inc	The new
name must be distinguishable and contain the word "corporate "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	on." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8610 NW 57th Court
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tamarac, Fl 33321
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address 	
W 60 - 1	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	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>	<u> John Do</u>	<u>) e</u>					
X Remove	<u>V</u>	Mike Jo	<u>nes</u>					
X Add	<u>sv</u>	Sally Sn	nith					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				Address	
1) Change	<u> </u>	<u>H</u>						
Add								
Remove								
2) Change		_						
Add								
Remove								 _
3) Change		_						
Add								
Remove								
4) Change								
Add								
Remove								
5								
5) Change		- -			·			
Add								
Remove								
6) Change		_						 -
Add								
Remove								

E. If amending or adding additional Arti (Attach additional sheets, if necessary). NH	<u>cles, enter change(s) here</u> : (Be specific)
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis of the angellation of issued shares, and an analysis of the angellation of issued shares, and an an angellation of issued shares, and an angellation of issued shares, and an angellation of issued shares are an another interest.

July 3, 2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 east 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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
July 3, 2017 Dated	
Signature James	
(By a director, president or other order – 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)	_
Kathy T Gileno	
(Typed or printed name of person signing)	
Registered Agent	
(Title of person signing)	<u> </u>