P111000033930

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(City/State/Zip/Phone #)
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COVER LETTER

Division of Corpo	orations		
NAME OF CORPOR	RATION: D& JS BER: P160	HOME CON 000033930	SULTING INC.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Dow	NES ECBI Name of Contact Persor	12-PERGER
		Firm/ Company	
	37.98	GLENFOR	2) DR.
•	0:501	Address NONO FC	34711
	CCCKI	City/ State and Zip Code	
	E-mail address: (to be us	ON SULTING II sed for luture annual report	NO(D) GM141L, CON notification)
For further information	n concerning this matter, pleas		
-AOLORES	ECBAZ-TEGO of Contact Person	PEER at (954 Area Con	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of	Incorporation
	of _

$\int d \int d$	3 HOME C	'ON/SULTIM	VG. INC	2
(Name of C	orporation as currently t	<u>filed with the Florida De</u> r	ot, of State)	
J	1600003	3930		
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	6, Florida Statutes, this Fl	orida Profit Corporation :	adopts the following	amendment(s)
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co	o". A professional corpoi	porated" or the abi	breviation
B. Enter new principal office address, if a	nnlicable:		<u> </u>	201
(Principal office address MUST BE A STRI			22	<u> </u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)	o <u>le:</u> FICE BOX)		ASSET FLORIDA	130 PM 1: 32
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the na		
Name of New Registered Agent	198 6 10 16 16 16 16 16 16 16 16 16 16 16 16 16		HONY, FL.	ER. 34711
New Registered Office Address:		ity)	_, Florida(Zıp Co	ode)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	n <mark>ging Registered Agent:</mark> d agent. I am familiar wii	th and accept the obligatio	ns of the position.	
Alto	allei (Veg- Vess	Jely	
	Signature of New Res	sistered 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 De	<u>ષ્</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith_	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
<u> </u>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indifferent if not contained in the amendment itsen.

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 document's effective date on the Department of State's records.	late will 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 by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	vent
"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 sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10-27-17	
Signature Minalua Clas-Perisey	
(By a director, president or other officer - if directors of officers have not been	1
selected, by an incorporator – if in the hands of a receiver, trustee, or other co- appointed fiduciary by that fiduciary)	art.
DOLORES ELBAZ-PERGE	K
(Typed or printed name of person signing)	
PRESIDENT	·
(Title of person signing)	