## 712000034253

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## **COVER LETTER**

TO: Amendment Section Division of Corpo	orations		
NAME OF CORPOR	RATION: HOM	iestead Tra	ENSORT CORP.
DOCUMENT NUME	BER:	600003425	<b>9</b> .
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	_	
	OSVA	Ido Svare	2
	HOME 51	Ido Suare 1 Name of Contact Person 1 Tan	SPORT COPP.
	1693 St	Firm/Company	T
4	HOMESTER	Address FL	33035.
		City/ State and Zip Code	2
	Hourskad T		grail cor
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Osu	abb Svarez	at ( 786	8/17 - 9092 de & Daytime Telephone Number
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	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)
	ing Address		Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

(Name of Corpo	ration as currently filed	l with the Florida De	ept. of State)	
·	P16 0000	34258.		
(Do	ocument Number of Corp	<b>-</b>		27 G2
Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation:	orida Statutes, this <i>Florid</i>	la Profit Corporation	adopts the follow	wing amendme
. If amending name, enter the new name of the corporation:			The man	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	Corp," "Inc," or "Co".	A professional corpo		
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A				
•	<del></del>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		······································	
). If amending the registered agent and/or regi	istered office address in	Florida, enter the n	ame of the	
new registered agent and/or the new register				
Name of New Registered Agent				
	(Florida street add	dress)		
New Registered Office Address:	(Cin.)		, Florida	Zip Code)
	(City)		(2	ар Соае)
ew Registered Agent's Signature, if changing				
hereby accept the appointment as registered agei	ıt. I am familiar with an	nd accept the obligation	ons of the positio	n.
	Signature of New Register	red Agent if changing	,	<del></del>

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 l	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Javier R Leyva Be Har	213SW 2ND QUE Halbadak Beach
$\nearrow$ Add		BeHar	
Remove			FL 33009
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	·····	A	
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or</u> (Attach <i>addition</i>	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
•	
•	
provisions for	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)
	<del></del>
· <del></del>	

	6	117/2016.	
The date of each amendment(s) ado	ption:	· · / · · /	, if other than the
date this document was signed.	//	1.00	
Effective date if applicable:	$\varphi$ /	/// 2016	
Effective date <u>if applicable.</u>	(no more than 90 d	lays after amendment file date)	
Note: If the date inserted in this blockdocument's effective date on the Depa	ck does not meet the applicable rtment of State's records.	le statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		imber of votes cast for the amendment(s)	
		h voting groups. The following statement e separately on the amendment(s):	t
"The number of votes cast for	the amendment(s) was/were so	ufficient for approval	
by		,,	
<u> </u>	(voting group)		
The amendment(s) was/were adopt action was not required.	ed by the board of directors wit	thout shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without	shareholder action and shareholder	
Dated	6/17/2016.		
Signature	1-51	arlz	
	ctor, president or other officer	- if directors or officers have not been	<u> </u>
		ands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)		
	Osvaldo	Sugrez	
<del></del>	(Typed or printed nan	ne of person signing)	
	6	TWNER.	
_	(Title of p	person signing)	