P16000 054 085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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2019 AUG 8 AM 8 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 0 9 2019

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _BRY HANDYMAN SERVICES INC._

DOCUMENT NUMBER: _P16000054085_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BAISA M AYALA
<div align="center">Name of Contact Person</div>

Ayala
<div align="center">Firm/ Company</div>

741 EVERGLADES BLVD S
<div align="center">Address</div>

NAPLES FL 34117
<div align="center">City/ State and Zip Code</div>

YUANIM27@YAHOO.COM
<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

BAISA M. AYALA at (_239_) _5036345_
<div align="center">Name of Contact Person   Area Code & Daytime Telephone Number</div>

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ S35 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
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

RAISA M AYALA
741 EVERGLADES BLVDS
NAPLES, FL 34117

SUBJECT: BRY HANDYMAN SERVICES, INC
Ref. Number: P16000054085

We have received your document for BRY HANDYMAN SERVICES, INC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II   Letter Number: 219A00015765

Articles of Amendment
to
Articles of Incorporation
of

BRY HANDYMAN SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

_P16000054075_

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Bry Handyman Services Inc Benedicto Escalante

name /must be 'distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation _R_
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the _A_
word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

741 EVERGLADES BLVD S
NAPLES FL 34117

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME

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 _SAME_

(Florida street address)

New Registered Office Address: _____ , Florida _____
　　　　　　　　　　　　　　　　　　(City)　　　　　　　　　　　　　(Zip Code)

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

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Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each o, 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. Then 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 Chai Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change _X_ Add ___ Remove	VP	Baisa M Ayala	741 Everglades Blvd. Naples Fl 34117.
2) ___ Change ___ Add ___ Remove			
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*).   *(Re specific)*

_____

_____

_____

_____

_____

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_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____07/23/2019_____, if other than date this document was signed.

Effective date if applicable: _____07/23/2019_____

(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 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 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)

☐ 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.

Dated_____07/23/2019_____

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)

_____Benedicto Escalante._____

(Typed or printed name of person signing)

_____P_____

(Title of person signing)