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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MJR HOME IMPI	ROVEMENTS CORP	
DOCUMENT NUM	B16000070057		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	•
	MARCOS A. OLIVEIRA		
		Name of Contact Person	n
	MJR HOME IMPROVEME	NTS CORP	
		Firm/ Company	
	744 RICH DR # 107	. ,	
		Address	.
	DEERFIELD BEACH. FL 3	3441	
		City/ State and Zip Cod	e
AGE	NTS@MATTOSINSURANC	E.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (847-0506
	of Contact Person	at (at ()ode & Daytime Telephone Number
	r the following amount made		•
■ \$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)
Am Div P.O	iling Address endment Section (sion of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

MJR HOME IMPROVEMENTS CORP

(Name of Corporal	tion as currently filed with the Florida Dept. of State)
P16000079957	as currently med with the Florida Dept. of State)
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:
	The new
name must be distinguishable and contain the wo "Corp" "Inc.," or Co" or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicabl (Principal office address MUST BE A STREET AD	
	ASS 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	
(Maning undress MAT BE A FOST OFFICE BO	rii (O
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
-	•
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:
l hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
Sign	nature 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>me</u>	Address .
1) Change	V	_ SI	MONE CORREA MORALES	744 RICH DR # 107
XAdd				DEERFIELD BEACH
Remove				FL, 33441
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				•
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
D				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	·

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

The date of each amendment(s) a	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmer ufficient for approval.	n(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment .
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
selecte	thrector, president or other officer – if directors or officers have not been been as an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	MARCOS A. OLIVEIRA	
	(Typed or printed name of person signing)	<u>.</u>
		,
	PRESIDENT	
	(Title of person signing)	