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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 3M	1 HOME SOL	UTION CORP	
DOCUMENT NUMB	_	001031		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this may	tter to the following:		
	1	1AURICID ECH	NZU	
_	N	Name of Contact Person	1	
	, (	Firm/ Company		
-	240 F	OUN TANEBUS Address	W BWD # 411	
	<b>L</b> 4.4.		1	
_	MIAN	11 72. 33172	<u>,                                      </u>	
		City/ State and Zip Code	e	
	E-mail address: (to be us	orice 770 hotors	noification)	
For further information	concerning this matter, pleas	se call:		
MAUR	LICIO ECHAZU	at ( 305	733-2151	
Name of	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
	ing Address		Address	
	idment Section	Amendment Section		
	ion of Corporations Box 6327	Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

3M HOME SOLUTION CORP

(Name of Corporation	on as currently filed with		 <del>)</del> )
	7000001631		
	nent Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Prof</i>	fit Corporation adopts the	following amendment(s) t
A. If amending name, enter the new name of the co	rporation:		
4 M Hon	1E SOLUTION	CORP	The new
name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "compar ," "Inc," or "Co". A pro	ny," or "incorporated" o	r the abbreviation
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS )		· 持持 三
			書いる
			- 53 R C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	( <b>V</b> )		
(Mauing duaress MAT BE A FOST OFFICE BO.	<u> </u>		<u> </u>
			10
D. If amending the registered agent and/or register	red office address in Florig	da, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
<del></del>	(Florida street address)		<del></del>
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and acco	ept the obligations of the p	osition.
Sign	ature of New Registered Ag	ent, 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1)Change		<u> </u>		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u>-</u>		
Add				
Remove				
6) Change		_		
Add			_	
Remove				<del></del>

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

The date of each amendment(s) addate this document was signed.	option:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder
Dated MARC	rector, 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 ed fiduciary by that fiduciary)
-	MAURICIO ECHAZO (Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	PLESIDENT
	(Title of person signing)