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COVER LETTER

Division of Corporations NAME OF CORPORATION: BNL Home Repairs 4 Services, Inc. DOCUMENT NUMBER: P170000 8120 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara E. Livermore
Name of Contact Person BNL Home Repairs & Services, Inc 520 S Scarbaro Ove Lecanto, FL 3446/
City/ State and Zip Code epenails @ gnail, com 1
(1) be used for future annual report notification) For further information concerning this matter, please call: Berborg E. Livermore at 352 4645934

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status C ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy

Mailing Address

TO: Amendment Section

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

Street Address

(Additional copy is enclosed)

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

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

 \mathbf{of}

BNL Home R	epairs d	Services, Inc.	
	· · · · · · · · · · · · · · · · · · ·	itly filed with the Florida Dept. of State)	
P170	000081	20	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name mu. "P.A."	abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A ST)		520 S Scarbo Lecanto, FL 34	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of		570 S Scarbon Lecanto, FL 34	
D. If amending the registered agent and/ new registered agent and/or the new			F 007
Name of New Registered Agent	Barbara		三:5周
-		Scarboro Que areel address)	
New Registered Office Address:	Lecanto	$\frac{\mathcal{C}(\mathcal{C}(\mathcal{U}))}{\mathcal{C}(\mathcal{C}(\mathcal{U}))}$, Florida $\frac{\mathcal{J}(\mathcal{C}(\mathcal{U}))}{\mathcal{C}(\mathcal{C}(\mathcal{U}))}$	1461 3 ip Codes
New Registered Agent's Signature, if cha I hereby accept the appointment as register	inging Registered Agen red agent. I am familian	nt: r with and accept the obligations of the position	и.
	0//	,	

Signature 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.

Example:	e, ana sanj .	omin, or as an maa.			
X Change	<u>PT</u> <u>J</u>	ohn Doe			l
X Remove	<u>V</u> <u>A</u>	Mike Jones			
X Add	<u>SV</u> <u>S</u>	Sally Smith			
Type of Action (Check One)	Title	Name		Address	
1) X Change	<u>P</u>	Norman	J. Livermore	520 S Scarbon Lecanto, FL 344	oane
Add				Lecanto, FL 344	161
Remove					
2) X Change	<u> </u>	Barbara		520 S Scarbo	
Add				Lecanto FL 34	461
Remove				· 	
3) Change					
Add					
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add	~				
Remove					
6) Change	····			.	
Add					
Remove					

(Attach additional sh	ing additional Articles, e eets, if necessary). (Be	specific)		
	allA	•		
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Turiba Crive	ers license w	us charged.	1/25/17)	
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	royides for an exchange, lementing the amendmen			<u>:s,</u>
(if not applicab	ole, indicate N/A)	in in in the contract of the c	ic amendment tigett.	
NIA				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: October 11, 2017	
(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 wi document's effective date on the Department of State's records.	Il 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(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 10 11 2017	
Signature Bla E J.	
(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)	
Barbara E. Livermore	
Barbara E. Livermore (Typed or printed name of person signing)	
Vice President	
(Title of person signing)	