P17000015982

(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JDVDS INC			
DOCUMENT NUM	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MIGUEL CORTIJO			
		Name of Contact Persor		
		Firm/ Company		
	1821 UNIVERSITY PLACE			
		Address		
	SARASOTA, FLORIDA 34235			
	City/ State and Zip Code			
	MCORTIJO@COMCAST.N	ET		
	E-mail address; (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		
MIGUEL CORTIJO		941 at (400-7110	
Name	of Contact Person	at (941) 400-7110 Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JDVDS INC				
(Name of Corporation as current)	ly filed with the Florida Dept. of State)		_	
P17000015982				
(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fe	ollowing a	mendm	ient(s) to
A. If amending name, enter the new name of the corporation:				
RDS HOME SOLUTIONS INC		T	he nev	n'
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	reviation contain t	"Corp". he wor	 d
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
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		7:	1	· 4*14.2.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		$\tilde{\varphi}_{i}$	2	
indiana, and a second s		f 17	A	
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			い) - (い)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address				
Name of New Registered Agent				
(Florida sti	reet address)			
New Registered Office Address:	. Florida			
	(City)	(Zip Coc	le)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the po	sition.		
Signature of New k	Registered Agent, if changing			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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: \underline{X} Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DANIELLE GOODRICK	2721 VALENCIA DRIVE
Add			SARASOTA FL 34239
X Remove			
2) Change	P	DANIELLE II ARAUJO SPAGNOL	2721 VALENCIA DRIVE
X Add		-	SARASOTA FL 34239
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

atach <i>additional</i>	dding additional Art sheets, if necessary).	(Be specific)			
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an amendm <u>en</u>	t provides for an exe mplementing the am	hange, reclassificat	ion, or cancellat	<u>ion of issued shares</u> andment itself:	1
it not applications (if not application)	mptementing the am cable, indicate N/A)	enament it not com	tameu iii <u>the am</u>	enditient (tsen;	
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	SAME AS FILING DATE	
The date of each amendr date this document was sig		, if other than the
Effective date <u>if applicah</u>	SAME AS FILING DATE	<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date	I in this block does not meet the applicable statutory filing requirements, this da on the Department of State's records.	ate will not be listed as the
Adoption of Amendment	t(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without shareholder acti d.	on and shareholder
	s/were adopted by the shareholders. The number of votes east for the amendment as/were sufficient for approval.	8)
	s/were approved by the shareholders through voting groups. The following statem ovided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of y	votes cast for the amendment(s) was/were sufficient for approval	
bv	· · · · · · · · · · · · · · · · · · ·	
-	(voting group)	
	6/25/2021	
Signatu	DANIELLE GODDRICK	
	(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 courappointed fiduciary by that fiduciary)	rt
	DANIELLE GOODRICK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	