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SECRETARY OF STATE LLAHASSEE, FLORIO,

MAY 17 2017
T. LEMIEUX



COVER LETTER

Division of Corporations NAME OF CORPORATION: ARA Home prescruation Services Inc. DOCUMENT NUMBER: P17000030592 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE Anibal Flores Tirado Name of Contact Person Firm/ Company Address City/ State and Zip Code anomerreservation services agmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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

TO: Amendment Section

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

J	tly filed with the Florida Dept. of State)		
ABA home preservation Se	cruices Inc.		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3017 Camina Real D.R. South. Kissimmee Floridad 34744		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3017 Camino Real DR. Sout Kissinne F.L 34744		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres			
Name of New Registered Agent 3017 Cami	no Real DR. South		
(Florida si	treet address)		
New Registered Office Address: Kissimmee	(City), Florida 34744/ (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position. CRETAR NATURE OF THE POSITION OF THE POSITIO		
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: <u>X</u> Change	<u>PT</u> <u>Jol</u>	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP-T	Maria Marquinez	2981 Boating Bl
Add Remove			Kissimnce FL 34746
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be specified)	
I want To Cha	nge the Adress For
The Businnes and	Remove My VP-T
Maria Marguinez.	
old Adress	New ADress & Mailing ADress 3017 Camino Real DR South
2981 Boating BIV	3017 Camino Real DR South
Kissimner F.L	K:SSimmec F.L 34744
34746	
F. If an amendment provides for an exchange, recla provisions for implementing the amendment if the	
(if not applicable, indicate N/A)	

I he date of each amendment(s) ac date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock 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 add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved 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	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	and the
(By a d selecte	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Presiden + (Title of person signing)
	(Title of person signing)