P17000054585

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(Address)	_
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(Business Entity Name)	_
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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Pride Homes	Inc.			
DOCUMENT NUMB	P17000054585				
	of Amendment and fee are sul	braitted for filing			
The chelosed /Irracies (y / menumem and lee are say	oninee for thing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	Gabriel Cernea				
		Name of Contact Person			
_	Pride Homes Inc.				
		Firm/ Company			
	17641 Charnwood [Orive			
•		Address			
	Boca Raton / FL 33498				
-	City/ State and Zip Code				
	gcernea@outlook.com				
•	E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, please call:					
Gabriel Cernea	a	at (561) 506 - 7445			
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Department of State:			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	ing Address	Street Address			
Amendment Section Amendment Section					
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					
Tallahassee, FL 32303					

Articles of Amendment to Articles of Incorporation

Pride Homes Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000054585

(Document Number of Corporation (if known)

A. If amending name, enter the new nar	me of the corporation	<u>!</u>	
/\//-\	<u> </u>		The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co	he word "corporation,	" "company," or "incorpor	rated" or the abbreviation "Corp.,"
'chartered." "professional association." a			non name musi contain the word
		^ / / A	
B. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>		<u> </u>	
			20
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		\mathcal{N}/A	
maining dual cos maria billion of	<u> </u>	* 	2
			- P -
		 	<u> </u>
			بن he name of the
). If amending the registered agent and new registered agent and/or the new	registered office add	ress:	he name of the
		ress:	he name of the
new registered agent and/or the new	registered office add	ress: a	he name of the
new registered agent and/or the new	registered office add Gabriel Cerne 17641 Charnw	ress: a	he name of the
new registered agent and/or the new Name of New Registered Agent	registered office add Gabriel Cerne: 17641 Charnw (Florid	ress: a vood Drive	22408
new registered agent and/or the new	registered office add Gabriel Cerne 17641 Charnw	ress: a rood Drive a street address)	, Florida_ 33498
new registered agent and/or the new Name of New Registered Agent -	registered office add Gabriel Cerne: 17641 Charnw (Florid	ress: a vood Drive	22408
new registered agent and/or the new Name of New Registered Agent -	registered office add Gabriel Cerne: 17641 Charnw (Florid	ress: a rood Drive a street address)	, Florida_ 33498
Name of New Registered Agent New Registered Office Address:	registered office add Gabriel Cerne: 17641 Charnw (Florid: Boca Raton	ress: a /ood Drive a street address) (City)	, Florida_ 33498
New Registered Agent's Signature, if cha	registered office add Gabriel Cerne: 17641 Charnw (Florid: Boca Raton	ress: a /ood Drive a street address) (City)	Florida 33498 (Zip Code)
New Registered Agent's Signature, if cha	registered office add Gabriel Cerne: 17641 Charnw (Florid: Boca Raton	ress: a /ood Drive a street address) (City)	Florida 33498 (Zip Code)
New Registered Agent's Signature, if cha	registered office add Gabriel Cerne: 17641 Charnw (Florid: Boca Raton	ress: a /ood Drive a street address) (City)	Florida 33498 (Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: New Registered Office Address:	registered office add Gabriel Cerne: 17641 Charnw (Florid: Boca Raton	ress: a /ood Drive a street address) (City)	, Florida 33498 (Zip Code)
New Registered Agent's Signature, if cha	Gabriel Cernes 17641 Charnw (Florid) Boca Raton anging Registered Agreed agent. I am family	ress: a /ood Drive a street address) (City)	Florida 33498 (Zip Code) igations of the position.
Name of New Registered Agent	registered office add Gabriel Cerne: 17641 Charnw (Florid: Boca Raton	ress: a /ood Drive a street address) (City)	

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)

Example:

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	PT	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>Name</u>	<u>Addres</u> s
1) Change	Р	Denise Cernea	17641 Charnwood Drive
Add		-	Boca Raton, FL 33498
X Remove	Р	Gabriel Cernea	17641 Charnwood Drive
2) Change Add			Boca Raton, FL 33498
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
N/A	
	
F. If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
N/A	

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:	02/17/2020	
interior date in apprecion.	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing e Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes can be sufficient for approval.	ast for the amendment(s)
	approved by the shareholders through voting groups. for each voting group entitled to vote separately on t	•
"The number of votes	east for the amendment(s) was/were sufficient for app	roval
by	(voting group)	N)
	(voting group)	
Dated02	/17/2020	
sele	a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receive ointed fiduciary by that fiduciary)	
	Denise Ester Grinbaum Ce	rnea
	(Typed or printed name of person sign	ing)
	President	
	(Title of person signing)	