P17000093545

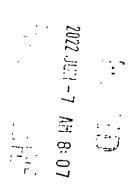
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COYER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Lissette Oti Inc		
DOCUMENT NUM	IBER: P17000093545		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Lissette Oti		
		Name of Contact Person	
	Lissette Oti Inc		
		Firm/ Company	
	5327 Grovewood Court		
		Address	·
	St Augustine, Fl 32092		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	loti@bellsouth.net		
	_	sed for future annual report	notification)
For further informati Lissette Oti	on concerning this matter, plea	se call: 904	806-2333
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Address
			ment Section n of Corporations
		The Co	entre of Tallahassee
		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2022 JUH - 7 AH 8: 07

Lissette Oti, Inc (Name of Corporation as currently filed with the Florida Dept. of State) P17000093545 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Heavenly Home Builders Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) __, Florida_ New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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)

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	<u>PT</u>	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	V	Gabriel J. Oti	5327 Grovewood Court
X Add			Saint Augustine, FL 32092
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding additiona additional sheets, if necess	ary). (Be specific)			
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					<u></u>
					
					
		 -		···	
-					
					
<u> Гап аг</u>	<u>aendment provides for a</u>	<u>n exchange, reclassifi</u>	<u>cation, or cancellati</u>	on of issued shares,	
<u>provis</u>	nendment provides for a ions for implementing th	<u>e amendment if not c</u>	ontained in the ame	<u>indment itself:</u>	
(if	not applicable, indicate N	/A)			
				· -	
		-		·- <u>-</u> -	
					
					

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendmufficient for approval.	ient(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
selecte	hirector, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	LISSETTE OFI	- Janes
	(Typed or printed name of person signing)	
	- Paesident	
	(Title of person signing)	