## P18000008304

	(Requestor's Name)	_
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. PICK-UI	P WAIT	MAIL
	(Business Entity Name)	·
	(Document Number)	
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Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	

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Amend

NOV 05 2018 LALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Maicks Home Solutions Copp DOCUMENT NUMBER: P1800000 8304
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Massami Leal  Name of Contact Person  CSG-Capital Services Group Inc.  Firm/Company  446 W Hills boro Blvd  Address  Denlield Deach  City/ State and Zip Code
E-mail address: (to be used for furnire annual report notification)
For further information concerning this matter, please call:
Massam at 959, 427 4770
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:
S35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of	77 887711	
Maicks Home Solv	itions, Corp.	
(Name of Corporation as currently file	ed with the Florida Depty of State)	
£1800000 8304		
(Document Number of Cor	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	cida Profit Corporation adopts the following amendmen	at(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
-		
, <del>-</del>		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	200	<b>T</b> }
	<b>29</b>	
<del>-</del>		
-	<u></u>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	
Name of New Registered Agent MON (18)	zende	
C50-Capit (Florida street d	al Savices Group Inc	_
New Registered Office Address: 446 W. Hills bold Deen field 350	9 B/Vd Florida 3344/	
Den field Be	faction 12.10 Collection	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.	
	/.	
Signature of New Regist	tered 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: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	: Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	YP	ROSANE BLOOM	280 FARHAM LN
Add			DEERFIELD BEAC
Remove			FL 33442
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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ze reclassificatio	n or cancellatio	n of issued share	6
nent if not contai	ned in the amen	dment itself:	7
		<del></del>	
-			
	ge, reclassificatio	ge, reclassification, or cancellatio ment if not contained in the amen	ge, reclassification, or cancellation of issued sharesment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will redocument's effective date on the Department of State's records.	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 10/25/2018	
Signatur (By a director, president or other officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
MAICK OF QUEIROZ CHAIFS (Typed or printed name of person signing)	
PRESIDENT.	