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2018 JUN 14 PM 4: 20
SECRETARY OF STATE

C. GOLDEN
JUN 1 5 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Common Sense H	ome Solutions, inc.	
DOCUMENT NUM	BER: P18000015696	<u>.</u>	
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Jeffrey Gill		
		Name of Contact Person	n
	Common Sense Home Soluti	ions, inc.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	17940 Chesterfield Rd	Tuna company	
		Address	
	N. Ft. Myers Florida 33917		
		City/ State and Zip Cod	¢
239e	ommon.sense@gmail.com		
-		sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:at (	673-0770
Name	of Contact Person	at (	) de & Daytime Telephone Number
,	or the following amount made		•
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amene Divisio Clifton 2661 F	Address Iment Section on of Corporations (Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 JUN 14 PM 4: 20

	NEIDE LAND AR ALL
( <u>Name of Corporation</u>	on as currently filed with the Florida Dept. of StareCRETARY OF STAT
P18000015696	יייייייייייייייייייייייייייייייייייייי
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co-	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u> )	<u>Y</u> )
	·
If amending the registered agent and/or registered new registered agent and/or the new registered of the	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent  New Registered Office Address:	(Florida street address) , Florida

## 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	<u> PT</u>	John Doe	
X Remove	<u>V</u>	Mikę Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Ð	MICHAEL EYSTER	1828 CORBETT ROAD
Add			CAPE CORAL, FL. 33909
X Remove	DS	ANDREW INCARDONA	H266 RABUN GAP DR
2) Change			N. FT. MYERS, FL 33917
X Add			N. P.I. MITERS, P.I. 33917
Remove 3 ) Change	SD	CHRISTINE INCARDONA	17940 CHESTERFIELD RD
X Add			N. FT. MYERS, FL. 33917
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Romana			

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	<del></del>
	hard the second
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department 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 a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
5/14/201	8	
Dated Signature		
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other of inted fiduciary by that fiduciary)	
	JEFFREY GILL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	