## P18000015696

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Common Sense	Home Solitions, Inc.		
DOCUMENT NUMBI	P18000015606		*****	
The enclosed Articles o	(Amendment and fee are so	ubmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
J	effrey Gill			
_		Name of Contact Perso	11	
C	Common Sense Home Solutions, Inc.			
_	**	Firm/ Company		
1	7940 Chesterfield Road			
	Address			
Α	. Ft. Myers, FL 33917			
_	, == ,	City/ State and Zip Cod	e	
239cor	nmon.sense@gmail.com			
	•	sed for future annual report	matification)	
		γ	,	
For further information o	concerning this matter, pleas	se call:		
Jeffrey Gill		239 at (	822-4366	
Name of			de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	irtment 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		Amend Divisio	Address Iment Section on of Corporations Building	

Tallahassee, FL 32301

The state of the s

## Articles of Amendment to Articles of Incorporation of

Common Sense Home Solutions, Inc.

(Name of Corporation as currently P18000015696	filed with the Florida Dept. of State)		
(Document Number of C	"orporation (if known)	<del>-</del>	
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following	amendment	t(s) to
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 "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abl o". A professional corporation name must co	The new breviation intain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		<del></del>	
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the		10 mm   10
Name of New Registered Agent		¥ 10.10	
(Florida street	address)		
New Registered Office Address:	ity) , Florida (Zip Co.		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	·	ac 1	
	istered 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	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VPDS	Logan Reason	17961 Leetana Road
Add			North Fort Myers, FL 33917
X Remove			
2) Change	<del></del>	_	_
Add			
Remove			
3 ) Change	<del></del> -		
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
o) Change		-	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	-
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exchapacition for involumenting the appear	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ISHICIT I HOCCORUMCO III CAC AIRCHAINCIN ESCIT.
- 4	

The date of each amendments date this document was signed.	s) adoption:	, if other than the
	7/3/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tis block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ieni(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharel	nolder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	er
Dated <u>07/0</u> Signature <u>1</u>	9/18  a director, president or other officer – if directors or officers have not b	reen
₽ sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Logan Reason	
	(Typed or printed name of person signing)	
	VPDS	
	(Title of person signing)	