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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CENTRAL FLOR	IDA HOME (BUIDE, INC.	
DOCUMENT NUM	P18000028524			
The enclosed Article	es of Amendment and fee are su	bmitted for fili	ing.	
Please return all cor	respondence concerning this ma	tter to the follo	owing:	
	CARLOS A. MENDEZ RO	BLES		
		Name of C	ontact Person	
	CENTRAL FLORIDA HOM	1E GUIDE, IN	IC.	
	_	Firm/ (Company	
	1131 MIRANDA LANE, SU	JITE 131		
		Ad	dress	
	KISSIMMEE, FL. 34741			
		City/ State	and Zip Code	
cfit	omeguide@gmail.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further informat	ion concerning this matter, pleas	se call:		
CARLOS A. MEN	DEZ ROBLES	at +	407	319-1400
Nam	e of Contact Person		Area Coc	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the	Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy d copy is	©\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building kecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation \mathbf{of}

CENTRAL FLORIDA HOME GUIDE, 1 NC.	
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P18000028524	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADL</u>	ORESS)
	x) =
C. Enter new mailing address, if applicable:	Piw ch [mmi [ii]
(Mailing address <u>MAY BE A POST OFFICE BO</u>	A)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	sistered Agent: I am familiar with and accept the obligations of the position.
Sign	ature of New Registered 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	CEO	_	YVETTE MENDEZ	
Add x				
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	-	_	and the second s	
Add				
Remove				
5) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change		<u></u>		
Add				
Remove				

If amending or adding additional Arti Atlach additional sheets, if necessary).	(Be specific)	
 		
		
· · · ·		
<u> </u>		
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

	06/27/2018	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	20/27/2040	
Effective date if applicable:	06/27/2018	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this de Department of State's records.	late will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment e sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ieni
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	ler
06/27/	2018	
Dated Signature (By sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other consolinted fiduciary by that fiduciary)	
αμ/ ₁	•	
	CARLOS A. MENDEZ ROBLES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	