

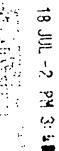
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TR HOME REPA	IR, CORP			
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	GLAUCIA BASTOS				
		Name of Contact Person	1		
	THE TRUST CRCLE SERVICES, LLC				
		Firm/ Company			
	1001 EAST SAMPLE ROA	ND 10E			
		Address			
	POMPANO BEACH FLOR	IDA 33064			
		City/ State and Zip Cod	ď		
ATÉ	NDIMENTO@THETRUSTO	CIRCLE.INFO			
	-	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
GLAUCIA BASTOS		954 at (245-9123		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
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)		
Mailing Address		Street Address			
Amendment Section		Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
•		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

TR HOME REPAIR. CORP	
	as currently filed with the Florida Dept. of State)
P18000033511	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abl	'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 ADDRE</u>	
·	- · · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY_BE A POST OFFICE BOX</u>)	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
	m familiar with and accept the obligations of the position.
	The Property of the second sec
Signatus	re 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 PFD.

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: <u>X</u> Change	<u>PT</u>	John De	<u>ne</u>		
X Remove	$\underline{\mathbf{V}}$	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	VP		TIAGO C NASCIMENTO	4334 NW 5TH AVENUE	
Add				POMPANO BCH FL 33064	
X . Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	(Be specific)
·	
· · · · · · · · · · · · · · · · · · ·	
<u>lf an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
Of the amplitude in the set V ()	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	

The date of each amendment(s) adoption:	n 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 filing requirements, this date will not be listed a document's effective date on the Department of State's records.	is the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(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 06/21/2018	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
POBERTO M RODRIGUES	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	