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70.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address: amanda@activatemylicense.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ELITE HOME RENOVATIONS INC

Certificate of Status	0
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Help

R. Le fequers 11-24-24 From: AMANDA JOHNS

Fax: +18139325244

· To:

Fax: +18506176380

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H24000391110 3

COVER LETTER

TO: Amendment Section Division of Corporation	ons					
NAME OF CORPORAT	ION:ELI	TE HOME RENOVAT	ions inc			
DOCUMENT NUMBER	:	P18000041527				
The enclosed Articles of A	mendment and fee are su	bmitted for filing.				
Please return all correspon	dence concerning this ma	tter to the following:				
		AMANDA JOHNS				
	Name of Contact Person					
	CONTRACTORS REPORTING SERVICE, INC					
		Firm/ Company	·			
	13795 N Nebraska Ave					
	Address					
		Tampa, FL 3361	3			
	City/ State and Zip Code					
	amanda@		ise.com			
		sed for future annual report				
For further information cor	ncerning this matter, pleas		:13-932-5244			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:			
⊠ S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
<u>Mailing</u>	Address	Street	Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Fax: +18506176380

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Articles of Amendment Articles of Incorporation

	Dept. of State)	
	 ,	
of Corporation (if known)		
s Florida Profit Corporatio	n adopts the follow	ving amendment(
		The new
"company," or "incorporation A professional corporation ."	ed" or the abbrevion name must con	ntion "Corp.," tain the word
<u></u> -		
	PE	
		024 NO
		77
	name of the:	2 E
<u>\$\$:</u>	ان الان الله الله	3 0
	97	_==
		52
treet address)		<u> </u>
	. Florida	
(City)	(Zi	p Code)
i:	s Florida Profit Corporatio "company," or "incorporatio A professional corporatio " dress in Florida, enter the ss:	"company," or "incorporated" or the abbrevior A professional corporation name must cont " dress in Florida, enter the name of the: ss: treet address) Florida_

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

From: AMANDA JOHNS

Example:

Fax: +18139325244

' To:

Fax: +18506176380

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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.

X Change	<u>PT</u>	<u>John Doc</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Na</u>	<u>me</u>	Address
1) Change	VP	_ JU	JAN VENTO	12710 FOREST HILLS DR
X Add				TAMPA, FL 33612
Remove				
2) Change				
Remove 3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change	_	_		
Add				
Remove				
6) Change				
Add	-			
Remove				
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(zvaach authtional Sh	ing additional Articles ects, if necessary). (I	Be specific)			
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If an amendment n	ovides for an exchang	aa raalaesifiaatia	n or sunsellatio	n of iccord charac	
provisions for impl	ementing the amendr	nent if not conta	ined in the amer	idment itself:	<u>.</u>
(if not applicab	le, indicate N/A)				
- <u> </u>					******
					
	·· · · · · · · · · · · · · · · · · · ·				

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	2 33201 3333233		H24	4000391110 3
The date of each amendment(s) adopti date this document was signed.	ion:			, if other than
Effective date if applicable:				
	(no more the	an 90 days after amendment fil	e date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the ap	oplicable statutory filing requires.	rements, this date v	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted action was not required.	by the incorporators.	or board of directors without s	shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		The number of votes cast for t	he amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each				
"The number of votes east for the	ne amendment(s) was	/were sufficient for approval		
by				
	(voting group)			
Dated11/25/2024	Signed			
Signature	W U d	NPEREZ-MINRIGUE	;	
selected, by	or, president or other an incorporator if i duciary by that fiduci	54F45534AB officer - if directors or officers on the hands of a receiver, truste arv)	have not been	
-Permen th		PEREZ-MANRIOUE		

(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

thc

the