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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AAA HONEY DO HANDYMAN SERVICES INC
DOCUMENT NUMBER: P18000052730
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COLEMAN, JASON R
Name of Contact Person
AAA HONEY DO HANDYMAN SERVICES INC
Firm/ Company
25319 DARNOCH STREET
Address
SORREN'FO, FL 32776
City/ State and Zip Code
AAAHoney do a Gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TASON Gleman at 352, 973 - 7367 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIL CD 18 JUL 31 AM 9: 28

AAA HONEY DO HANDYMAN SERVICES INC		5' - '/	i · · .•
(Name of Corporati	on as currently filed with	the Florida Dept. of State)	
P18000052730			
(Docum	nent Number of Corporatio	n (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Pro</i>	fit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	." "Inc," or "Co". A pro		
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered		da, enter the name of the	
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.		ant the obligations of the posi	ition
the register of agent.	Timyumuu wan unu ucc	epi ine bongunono oj ine posi	non.

Signature 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>	<u>John Doe</u>	
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>	<u>Addres</u> s
1) Change	P	Jason Coleman	25319 Darnoch Street
X Add			Sorrento, FL 32776
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		-	_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y noi uppineable, mateure (virt)	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/26/2018	
Effective date <u>if applicable</u> :	file date)
(no more many) type time mention	ne dane,
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	airements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	••
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	ia snarenoider
07/26/2018	
Dated	
(19)	
Signature (By a director, president or other officer – if directors or office	
selected, by an incorporator – if in the hands of a receiver, trus	
appointed fiduciary by that fiduciary)	orec, or other count
JASON Colema	\mathcal{N}
(Typed or printed name of person signing)	
OWNER (Piesdent)	
(Title of person signing)	·