P18000060764

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: First Priority Hom	e Improvement Inc.	
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Daniel Cuba		
		Name of Contact Person	1
		Firm/ Company	
	2420 SW 99 CT		
		Address	
	Miami, Florida, 33265		
		City/ State and Zip Cod	e
Drag	en356830879@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Daniel Cuba		786	3827828
Name	of Contact Person		de & Daytime Telephone Number
inclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address Iment Section on of Corporations Building
Tall	ahassee, FL 32314		executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of



First Priority Home Improvement Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

18000060764		Inicu with the Fronta Dept. of State)
	(Document Number of	Corporation (if known)
rsuant to the provisions of section 607 Articles of Incorporation:	7.1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment
If amending name, enter the new n	name of the corporation:	
		The new
	nation "Corp," "Inc," or "C	i," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		2420 SW 99 Ct. Miami, Fl, 33265
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2420 SW 99 Ct. Miami, Fl, 33265
(Mailing address MAT BE A FOST	OFFICE BOX	
		ess in Florida, enter the name of the
new registered agent and/or the ne	ew registered office address: Daniel Cuba	
Name of New Registered Agent		
	2420 SW 99 Ct. Miami, F	
	(Florida stre 2420 SW 99 Ct. Miami	et address)
		, Florida
New Registered Office Address	·	(Zip Code)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Itay Mashash	4700 SW 34th Terr
Add			Ft. Lauderdale, ff, 33312
Remove	Р	Daniel Cuba	2420 SW 99 Ct.
2) Change x Add			Miami, FI, 33265
Remove			
3) Change Add			
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
) Change		_	
Add			
Remove			

The state of the s	(Be specific)
<u> </u>	
	
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
late this document was signed.	0/2049	
9/2 Effective date <u>if applicable</u> :	0/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amerufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shopted by the incorporators without shareholder action and shareholder	
•		
9/20/2018 Dated	3	
Signature		
	director, president or other officer - if directors or officers have n	not been
` ·	ed, by an incorporator – if in the hands of a receiver, trustee, or of	
appoi	nted fiduciary by that fiduciary)	
	Daniel Cuba	
	(Typed or printed name of person signing)	
	President Camiel Aban	
	(Title of person signing)	