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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: D&F HOME SER	VICES INC	
DOCUMENT NUM	BER: P18000078407		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	CRISTHEL DE LA FUENT	E RIVERA	
	<del></del>	Name of Contact Person	n
	D&F HOME SERVICES IN	С	
		Firm/ Company	
	5270 21ST AVE SW		
		Address	
	NAPLES,FL 34116		
		City/ State and Zip Cod	e
oric l	989dela@hotmail.com		
		sed for future annual report	notification)
	15 man Badress. (10 oc a.	sed to ruture annual report	notification)
For further information	on concerning this matter, pleas	se call:	
CRISTHEL DE LA I	FUENTE RIVERA	at (	227-9908
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:
\$35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation

Crate)

D&F HOME Services Inc

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

	or conportation as carrently		
300819	078407		
	(Document Number of	Corporation (if known)	······································
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
	Alm		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	o". A professional corpo	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the n	ame of the
Name of New Registered Agent	Name of New Registered Agent		
	5270 21ST AVE SW		
	(Florida stree	et address)	18 18
			34116
New Registered Office Address:	NAPLES		, Florida
	(Florida stree	et address)	34116
New Registered Office Address:		City)	, Florida(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 <math>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 Doc	
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		4/4	
Add			<del></del>
Remove			<del></del>
2) Change		- <u>~/</u> A	
Add			
Remove		1	
3 ) Change		$-\frac{N/a}{}$	
Add		`	<u> </u>
Remove			
4) Change		- N/A	
Add		\	
Remove			<del></del>
5) Change		NA	
Add		1	
Remove			
6) Change		<u> </u>	
Add			
Remove			-

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N/A)	Attach additional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		<del></del>
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)	ran amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
N/A	(if not applicable, indicate N/A)	
r)A		
N/A		-
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The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.	,	
Effective date <u>if applicable</u> :	N/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this datement of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(ient for approval.	s)
	ed by the shareholders through voting groups. The following statement by voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and sharehold	ег
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
09/05/2019		
DatedSignature	Athel dale taste	
(By a direc selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other coulfiduciary by that fiduciary)	
CR	ISTHEL DE LA FUENTE RIVERA	
	(Typed or printed name of person signing)	
VP		
<del></del>	(Title of person signing)	