018000078537

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SMITTY'S YARD	ART & HOME IMPROV	EMENT, INC.
DOCUMENT NUMBER: P18000078537		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
BARBARA RUIZ-GONZAI	LEZ	
	Name of Contact Person	1
RUIZ-GONZALEZ LAW PI	LLC	
	Firm/ Company	
PO BOX 833059	Time Company	
	Address	
MIAMI, FL 33283		
	City/ State and Zip Cod	e
barbara@ruizgonzalezlaw.com		,
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
BARBARA RUIZ-GONZALEZ	at (814.4224
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:
\$35 Filing Fee \$\times \text{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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SMITTY'S YARD ART & HOME IMPROVEMENT, INC.

(Name	of Corporation as currer	itly filed with the Florida D	ept, of State)	
P18000078537				
	(Document Number	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The	n <i>a</i> w
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desigr word "chartered," "professional associa	nation "Corp," "Inc." or	"Co". A professional corp	rporated" or the abbrevio	ition
B. Enter new principal office address.	if applicable:	***		
(Principal office address <u>MUST BE A S</u>			₽ iyo	<u></u>
				- 00
				그 그
C - Enter new mailing address if anni	rable.		第 表	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			71.5	T IT
				-
				_ <u>::</u>
			₩ 15.14	
D. If amending the registered agent ar	nd/or registered office ad	idress in Florida, enter the i	name of the	
new registered agent and/or the ne			Therefore As All A	
Name of New Registered Agent	DERRICK L. SMITH			
wame of New Registered Agent	2502 SW 1ST TER			
	(Florida	street address)		
	CAPE CORAL		, Florida 33991	
New Registered Office Address:		(City)	, riorida(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	nt:		
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligat	ions of the position.	
	Signature of Nev	v Registered Agent, if changing	าด	
	2.5		Q	
	<u> </u>			

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			/
Add			/
Remove			
3) Change	· ····		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_ /	
Add			
Remove		/	
6) Change		····	
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
<i>,</i> ,,	10
	,
	· · ·
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
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	
Caction was not required.	
Dated 9 24 13	
Signature (By a director, president or other officer – indirectors 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) (Typed or printed name of person signing)	
Transmada	
(Title of person signing)	
(Thie qr person signing)	