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TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: DSG HANDYMA	N SERVICES I	NC	
DOCUMENT N	UMBER: P18000087209			· · · · · · · · · · · · · · · · · · ·
The enclosed Arti	cles of Amendment and fee are su	bmitted for filin	g.	
Please return all c	orrespondence concerning this ma	tter to the follow	ving:	
	DENNIS M SANCHEZ GAI	MONEDA		
		Name of Co	ntact Person	n
	DSG HANDYMAN SERVI	CES INC		
		Firm/ Co	ompany	
	10322 OUT ISLAND DR			
		Add	ress	
	TAMPA FL 33615			
	<u></u>	City/ State a	nd Zip Cod	e
	dennissanchesgamoneda@gr	nail.com		
	E-mail address: (to be us	sed for future an	nual report	notification)
	nation concerning this matter, plea	se call:	813	8170644
Name of Contact Person		at (_	Area Co)
	ck for the following amount made	payable to the F		
■ \$35 Filing Fe	e \$\sum \\$43.75 \text{ Filing Fee & Certificate of Status}	S43.75 Fili Certified C (Additional enclosed)	ору	□\$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 Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



DSG HANDYMAN SERVICES INC

		<u></u>	
(Name	of Corporation as current	ly filed with the Florida Dept. of State)	,)
P18000087209			
	(Document Number of	of Corporation (if known)	,,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amen	dmen
A. If amending name, enter the new n	ame of the corporation:		
	Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviation "Con A professional corporation name must contain the v	rp., "
B. Enter new principal office address,	if applicable:	10322 OUT ISLAND DR TAMPA FL 33615	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		_
			_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		10322 OUT ISLAND DR TAMPA FL 33615	_
D. If amending the registered agent ar new registered agent and/or the new			
Name of New Registered Agent			
	10322 OUT ISLAND DR		
	(Florida st	reet address)	
New Registered Office Address:	TAMPA	. Florida 33615	
		(City) (Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the position.	
	Signature of New R	Registered Agent, if changing	

Check if applicable

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

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	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	VP	LEONARDO RAMOS LLANES	4526 DREISLER ST TAMPA FL
Add			33634
X 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 provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

10/06/2020	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 do	rys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or boar action was not required.	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The nu by the shareholders was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were s	ufficient for approval
by	
(volume group)	
Dated 10/06/2020	
Dated 10/06/2020 Signature	
(By a director, president or other officer - selected, by an incorporator - if in the ha appointed fiduciary by that fiduciary)	
Dennis M.	Sanchez Gamoneda. e of person signing)
(Typed or printed nam	e of person signing)
Preside	
(Title of person signin	g)