## P19000006117

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AUG 07 2019 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

. :

NAME OF CORPOR	ATION: DOYLE HOME IN	1PROVEMENT INC	
DOCUMENT NUMB	ER:		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
İ	FRED DAVIDSON PA		
-		Name of Contact Person	
-		Firm/ Company	
:	300 DEER CREEK RD		
-	,	Address	
	HAVANA, FL 32333		
-		City/ State and Zip Code	:
FSDA	VIDSON@HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
AMY DOYLE		at ( 850	559-3096
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amene Divisio Cliftor	Address  Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DOYLE HOME IMPROVEMENT INC

(Name of Corporation as current	y filed with the Florida Dept. of State)
P1900006917	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	Thencw
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the s:
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
Simultana of Many	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, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officerld. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There 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>	<u>Name</u>	<u>Addres</u> s
	VP	MATTHEW D DOYLE	2944 TIPPERARY DR
1) Change X Add			TALLAHASSEE . FL 32309
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	NE	eets, if necessary). (	•			
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If 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)				<del></del>		
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(if not applicable, indicate N/A)	provisions for imp	plementing the amend	lment if not conta	ined in the amendr	nent itself:	
	(if not applica	ble, indicate N/A)				
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The date of each amendment(s) a late this document was signed.	doption:	, it outer than to
Effective date if applicable:		<del>-</del>
	(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, this date we epartment of State's records.	vill not be listed as t
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 amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	· 7 - 17	
Signature(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	AMY DOYLE	
	(Typed or printed name of person signing)	
	AMY DOYLE	
	(Title of person signing)	