P19000009698

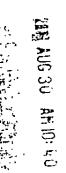
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporation				MOSO MOSO
NAME OF CORPOR	ATION: BELLAMAR HO	ME SERVICES, CORP.		The total of the same
DOCUMENT NUMB	·			
	f Amendment and fee are su	_		3
Please return all corresp	oondence concerning this ma	tter to the following:		'5 <u>\$</u>
\$	SARAHIL PENATE			
_		Name of Contact Person	n	
l	BELLAMAR HOME SERV	ICES, CORP.		
-		Firm/ Company	 • • • •	
1	4390 SW 296 ST			
		Address		
<u> </u>	HOMEATEAD , FLORIDA			
		City/ State and Zip Cod	e	
sarahil	kh@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
SARAHIL PENATE		786 at (286-1970	
Name of Contact Person		Area Code & Daytime Telephone Number		-
Enclosed is a check for	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)	
Amer Divis P.O. I	ng Address Indicate the second	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle	

Articles of Amendment Articles of Incorporation of

BELL.	AM.	AR	HOM	E SER	VICES,	CORP
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Articles of An	iendment
to	
Articles of Inco	rporation (V)
BELLAMAR HOME SERVICES, CORP.	filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000009698	6.
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14390 SW 296 ST HOMESTEAD FL 33033
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14390 SW 296 ST HOMESTEAD FL 33033
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	vistered 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	NA		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>additional</i>	dding additional At sheets, if necessary)	(Be specific)				
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If an amendment	t provides for an ex	change, reclassi	fication, or can	cellation of issue	ed shares,	
provisions for it	mplementing the an	endment if not	contained in th	e amendment its	self:	
(if not applie I	cable, indicate N/A)					
0/4						
- •						
				· 		
						•

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the hoard of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/26/20 Dated(Signature	019	
(By a selec	director president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)	_
	SARAHIL PENATE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	