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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

1 	IOME SERVICES (	GUARANTEED. CO	ORP.		
P190	00030518				•
DOCUMENT NUMBER:					
The enclosed Articles of Amenda	ent and fee are sub	nitted for filing.			
Please return all correspondence c	oncerning this matte	er to the following:			
Pedro Suarez					
<del>_</del>		(Name of Contact P	erson)	•	
HOME SERVICES GUARANTE	ED, CORP.				
		(Firm/ Compan	y)		<del></del>
10109 NW 52 TERRACE					
		(Address)			
DORAL, FL 33178					
	_	(City/ State and Zip	Code)		•
homeservicesguaranteed@gmail.c	com				
E-mail	address: (to be used	for future annual rep	port notificatio	n)	
For further information concerning	g this matter, please	call:			
Pedro Suarez		at	786	886-8164	
(Nam	e of Contact Person		(Area Code)	(Daytime Telephone Nu	mber)
Enclosed is a check for the follow	ing amount made pa	yable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy) enclosed)	Certil is Certil (Add:	iO Filing Fee ficate of Status fied Copy (tional Copy is osed)	
Mailing Address			reet Address		
A 122,202, (122,202, f 2.2)	F 1 / 3 T 3	3.		1.373	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

Home	Services	Guarantee	, <u>J</u>	Corp.			
0.10	Services (Name of C (DO 30518	Corporation as currently	filed wi	th the Florida Dept	. o <u>f State</u> )		
V1900	000303 18	(Document Number of C	Corpora	tion (if known)			
Pursuant to the provits Articles of Incor		06, Florida Statutes, this Fl	orida P	rofit Corporation ad	lopts the followi	.ng amendi	nent(s) to
A. If amending na	ame, enter the new nam	e of the corporation:					
						The n	
"Inc.," or Co., " o	or the designation "Cor	word "corporation." "copp." "Inc." or " $Co^*$ . $A_{ij}$ the abbreviation " $P_iA$ "	mpany, professi	" or "incorporated" 'onal corporation n	or the abbrevial ame_must_conto	tion "Corp ain the wo	" ord
B. Enter new prin (Principal office as	ncipal office address, if a ddress <u>MUST BE A STR</u>	<u>applicable:</u> REET ADDRESS )		,,,,,			_
C. Enter new ma (Mailing addre	iling address, if applica SS <u>MAY BE A POST OF</u>	<u>ble:</u> FFICE BOX1			A	20	- - -
D. If amending th	ne registered agent and/	or registered office addre	ss in Fl	orida, enter the nar	ne of the		
new registered	l agent and/or the new r	registered office address:				; UD	11
Name of N	Sew Registered Agent						
	_						; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
New Regis	stered O <u>ffice Address</u> :	(Florida stree	4 addres	s)	新元 ラデ , Florida <u>ネ</u>	1: 09	_
		(6	Cityr		(Z.i <sub>j</sub>	p Code)	
New Registered A I hereby accept the	gent's Signature, if cha appointment as register	inging Registered Agent: ed agent. I am familiar wi		.,	s of the position	t.	
		Signature of New Reg	gistered	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: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	UP	Zessica C. Bohorgaz	10/09 WW 52 Fer
X Add	•		Dovol, FL 33178
Remove			
2) Change			50, p.
Add			20 FI
Remove 3) Change			FER 1
Add			
Remove			60 H K
4) Change			<u></u>
Add			
Remove			
51 Change		·	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or additional s</u>	ding additio heets, if nece	nal Articles, enter change(s) here: essary). (Be specific)	

F. If an amendment provides for an exchange provisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	FALT USES OF STATE	FILED 20 FEE 24 AM II: 09
The date of each amendment(s) adoption:date this document was signed.  Effective date if applicable:	01/1/200		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.		
The amendment(s) was/were appromust be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s).		
"The number of votes cast f	or the amendment(s) was/were sufficient for approval		
by	'''		
•	(voting group)		
action was not required.  □ The amendment(s) was/were adopaction was not required.  Dated  Signature  (By Selected appoints)	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of tiduciary by that fiduciary)  Pedro Society  (Typed or printed name of person signing)	20 FEB 24 AH II: 09	7
(	Title of person signing)		