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## COVER LETTER

TO: Amendment Section	
Division of Corporations	
NAME OF CORPORATION: 2	rothers Home Services In.
DOCUMENT NUMBER: Y 1900	5033918
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
2-Brothers	Name of Contact Person  Home Services Inc.  Firm/ Company
2026/Be/A	Address 33/89 CHer Bay
CA/EL JES	Ay 33/8/7
E-mail address! (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
1 Spert Seck	at (205 ) 989-6588
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee &: □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation

2019 JUL 29 PH 3: 56 Brathers Home Services INC:

(Name of Corporation as currently filed with the Florida Dept. of State) P 19000033918
(Document Number of Corporation (if known)

nt(s) to

(Document Number o	Corporation (II known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
all A	(D)
name must be distinguishable and contain the word "corporation "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 MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/ n_
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.  Name of New Registered Agent	
Name of New Registered Agent	
47	
(Florida st	veet 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	
Signature of New I	Projetered Avent 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	<u>PT</u>	John Doc	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Dorglas J. Beck	- <u>20300 5W 106 AU</u> 3318
_v_ Add		,	33/8
Remove			
2) Change			
Add			
Remove			
3 ) Change		<del></del>	
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			No. of Contract Contr
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	N/N	
		•••	<del>.</del>
		<del></del>	,
			·
			<u></u>
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassificati endment if not conta	on, or cancellation of issued s nined in the amendment itself:	hares,
<u>.</u>	·	, , ,	-
<del>-</del>			
	· · · · ·		

The date of each amendment(s) adoption:	, if other than the
late 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 dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment( by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
- Cook Suk	
yped or printed name of person signing)	
	<del></del>
(Title of person signing)	