P19000040868

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: DILIGENTLY MA	AINTAINED INC		•		
DOCUMENT NUMBER	P19000040868		· ············	i.,		
The enclosed Articles of A	mendment and fee are st	abmitted for filing.				
Please return all correspond	dence concerning this ma	atter to the following:				
МІС	CHELLE ABRAHAM					
		Name of Contact Person	n			
DIL	IGENTLY MAINTAINI	ED INC				
		Firm/ Company		_		
4660 VILLAS SANTORINI DRIVE						
	<u> </u>	Address		_		
LAH	KE WORTH, FL 33461					
		City/ State and Zip Cod	e	_		
DILIGEN'	TLYMAINTAINED@H	OTMAIL.COM				
	E-mail address: (to be u	sed for future annual report	notification)			
For further information cor	cerning this matter, pleas	se call:				
MICHELLE ABRAHAM		561	805-0780 dc & Daytime Telephone Numb			
Name of Co	ntact Person	Area Co	de & Daytime Telephone Numb	per		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State;			
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address Iment Section In of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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17.	L	JU.	LL.	N I L	_ 1	171	111	N I .	7 1 [1	v	IINC.

	Articles of A		
	to Articles of In		
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ILIGENTLY MAINTAINED INC			;
(<u>Name</u>	of Corporation as current	ly filed with the Florida D	Dept. of State)
9000040868			٠.
	(Document Number of	of Corporation (if known)	
rsuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	n adopts the following amendment
. If amending name, enter the new n	ame of the corporation:		
/A			The nev
Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa Enter new principal office address,	ution," or the abbreviation		
rincipal office address MUST BE A S	TREET ADDRESS)		
Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
If amending the registered agent ar			name of the
new registered agent and/or the ne		<u>s:</u>	
Name of New Registered Agent	N/A		
		reet address)	
New Registered Office Address:	N/A	_ .	, Florida
		(City)	(Zip Code)
		(City)	(Zip Code)
ew Registered Agent's Signature, if chereby accept the appointment as regist			tions of the position.
		,	
	Signature of New I	Registered Agent, if changin	ng

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.

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	JEREMY WHITE	4660 VILLAS SANTORINI DR.
Add			LAKE WORTH, FL 33461
Remove			
2) X Change	CEO	MICHELLE ABRAHAM	4660 VILLAS SANTORINI DR.
Add			LAKE WORTH, FL 33461
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA
F. 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)
NA

5/21/2019	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: NA	
Effective date if applicable: N/A (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 date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cust for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
5/23/2019 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 court appointed fiduciary by that fiduciary)	-
MICHELLE ABRAHAM	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	

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