P190000 43157

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations	
NAME OF CORPORATION: Calvary Home Service DOCUMENT NUMBER: P190000 43157	is In
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person Calvary Home Services I Firm/ Company 551 SW 109th Avc Unit Address Pembroke Pines FL 330 City/ State and Zip Code Socrepting 123 e amail. com E-mail address: (to be used for future annual report notification)	<u>nc</u> 204)25
E-mail address: (to be used for luture annual report notification)	
For further information concerning this matter, please call:	
Toe Sorrentino at 954, 728-79 Name of Contact Person Area Code & Daytime Telephone	Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

Calvacy	Home	Specico	S Tre	
(Name of Corpora	ation as currently	filed with the Florida	Dept. of State)	
P19 0000 4	17157			
(Doc	cument Number of	Corporation (if known))	
		•		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	nda Statutes, this F	iorida Projii Corporal	non adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or " C	lo". A professional c		
B. Enter new principal office address, if applica				
(Principal office address <u>MUST BE A STREET A.</u>	<u>DDRESS</u>)			
		-		22
				 -
C. Enter new mailing address, if applicable:	W- 02.8 f.			
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)			[5,]
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is an all all all all all all all all all				
D. If amending the registered agent and/or registered agent and/or the new registered.		ess in Florida, enter ti	ne name of the	_
Name of New Registered Agent				
	(Florida stre	ne weldmann)		
	promau sire	er autoress)		
New Registered Office Address:		City)	, Florida	(Zip Code)
		(inj		(rap t.out)
New Registered Agent's Signature, if changing F				
I hereby accept the appointment as registered agen	t. I am familiar w	ith and accept the obli	gations of the posit	ion.
So	ignature of New Re	gistered Agent, if char	ายเทย	

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 Do	<u>oe</u>				
X Remove	<u>v</u>	Mike Jo	<u>ones</u>				
X Add	<u>sv</u>	Sally Sr	nith				
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s	
1) Change	P	SD	Joe	Sorre	ntino	551 SW 109th	Auc
X Add						Unit 204	_
Remove						Pernbroke Pines F	-(330Z
2) Change		_					
Add Add							
Remove							
3) Change		_					
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Remove						<u> </u>	
6) Change	 .				<u></u>		
Add							
Remove							

(Attach additional sheets, if necessary).	(Be specific)	s) here:		
	(Be specyte)	•		
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				,
If an amendment provides for an exc	hange, reclassificat	ion, or can <u>cella</u> tio	n <u>of is</u> sued shares,	
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The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date 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 cast f by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approva	ત્રી
by	_;"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder ac action was not required.	tion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated	
Signature Oc	
(By a director, president or other officer – if directors or offi selected, by an incorporator – if in the hands of a receiver, to appointed fiduciary by that fiduciary)	
Jue Sorrentina	
(Typed or printed name of person signing)
./inca	orgonator
(Title of person signing)	