## P19000062601

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SECRETARY OF STATE

OCT 10 2020

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HAUSS DELUXI	E INC.				
DOCUMENT NUM	D10000042401					
The enclosed Articles	s of Amendment and fee are st	abmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	ROLANDO RIOS CHAVIA	NO				
	Name of Contact Person					
	HAUSS DELUXE IC.					
	Firm/ Company					
	8805 CLEARY BLVD.					
	Address					
	PLANTATION, FLORIDA 33324					
	City/ State and Zip Code					
	info@haussdeluxe.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	n concerning this matter, plead	se call: ,786	899-1261			
Name of Contact Person		at (	de & Daytime Telephone Number			
·	r the following amount made		·			
□ \$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

HAUSS DELUXE INC.

(Name of Corporation as c	currently filed with the Flo	rida Dept. of State)	
P19000062601			
(Document Nu	umber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida Profit Corpo</i>	pration adopts the following amendment	ent(s) to
A. If amending name, enter the new name of the corporat	ition:		
name must he distinguishable and contain the word "corporat" Inc.," or Co.," or the designation "Corp," "Inc," or "Chartered," "professional association," or the abbreviation	Co". A professional corpo	Thenew	•
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	()		
		SEC 2020	
C. Enter new mailing address, if applicable:		UG 2	v,r tra gamma
(Mailing address MAY BE A POST OFFICE BOX)			المند. ورق ال
		PH OF SEE	المحددة المرابعة المرابعة
	<del> </del>	12 ··	
<ul> <li>If amending the registered agent and/or registered office and/or the new registered agent and/or the new registered office a</li> </ul>	ice address in Florida, enter	the name of the	
new registered agent and/or the new registered office a	address:		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
(Flo	orida street address)		
New Registered Office Address;		, Florida	
	(City)	(Zip Code)	
N			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:	dinations of the second	
, I am jun	amar wan and accept the Ob	nigations of the position.	
Signature of	New Registered Agent, if cha	inging	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (11) (e), F.S.		

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)

Add

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 Doe X Remove <u>V</u> Mike Jones X Add SV Sally Smith Type of Action Title <u>Name</u> <u>Address</u> (Check One) ADRIAN PEREZ DE MORALEZ 747 37th STREET 1) \_\_\_\_ Change HIALEAH, FLORIDA 33013 \_\_ Add \_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 5) \_\_\_\_ Change Add \_\_ Remove 6) \_\_\_\_ Change

	if necessary). (Be	specific)			
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The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date if applicable:		
	(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, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
☐ The amendment(s) was/were a must he separately provided f	upproved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
08/01/20 Dated Signature	director, president or other officer – if directors or officers have not be	
selec	fed, by an incorporator – if in the hands of a receiver, trustee, or other content fiduciary by that fiduciary)	en ourt
,	ROLANDO RIOS CHAVIANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	