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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: LION HOM	ne Building Services INC
DOCUMENT NUMBER: <u>P19000</u> 70	0/84
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
ScaTT Post	Name of Contact Person
	Name of Contact Person
Lila home bu	ilding Services
	'
14320 N B	Contevard Tampa F1 33613
	Address
Tama P	/ 33613
1.5000	City/ State and Zip Code
	110
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	call:
E + Qa	at 813 , 504 5007
Name of Contact Person	Area Code & Daytime Telephone Number
Name of Contact reison	7.000 Ones to the system (
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee ■ \$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee
\$35 Filing Fee \$\sum \text{\$\sum \$\\$43.75 Filing Fee & Certificate of Status}\$	Certified Copy Certificate of Status
Certificate of Status	(Additional copy is Certified Copy
	enclosed) (Additional Copy
	is enclosed)
Mailing Address	Street Address
Mailing Address Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Eda Home Buildin	ng Services Inc scarrently filed with the Florida Dept. of State)
(Name of Corporation as	s currently filed with the Florida Dept. of State)
(Document)	Number of Corporation (if known)
	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered." "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	(SS) Tampa F1 33613
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14320 N Boulevard Tampa FL 33613
D. If amending the registered agent and/or registered new registered agent and/or the new registered office Name of New Registered Agent	office address in Florida, enter the name of the ice address:
	(Florida street address)
100 111	. Florida
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the position.
Signatur	re of New Registered Agent, if changing
·	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e). F.S.
	12

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)

Remove

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 = ChiefExecutive 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> Sally	<u> / Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Scott Post	14320 N Boulevan
X Add			Tampa F1 33613
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

	z additional Artic ts, if necessary).	(Be specific)				
						
NA						
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If an amendment prov	vides for an eveh	ange reclassifi	ication or canc	ellation of issue	d shares.	
provisions for imple	menting the ame	ndment if not c	ontained in the	amendment its	elf:	
(if not applicable,	indicate N/A)					
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The date of each amendment(s) ado	ption:	, if other than t
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amen cient for approval.	idment(s)
☐ The amendment(s) was/were appromust be separately provided for ed	wed by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(statement 's):
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	1 - 3 770	
DatedG	470	
(By a dire selected,	ctor, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth I fiduciary by that fiduciary)	ot been ner court
	Brenton Post	
_	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	