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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: WATER & MOLD INCURANCE RESTURATION INC	
DOCUMENT NUMBER: P19000072811	-
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	
WATER & MOLO INSURANCE RESTORATION INC.	
5820 NW 77 terr.	
Address Parkland FL 33067 Čity/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Y A IR ARGOV Name of Contact Person at (954) 5200809 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

WATER & MOLD INSURANCE RESTORALING 1/2021-NOV 29-AM 9:52
Name of Corporation as currently filed with the Florida Dept. of State ARY OF STATE
P 1900 00 7-7 % II IALLAHASSEE, FLORI
Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address. if applicable: (Principal office address MUST BE A STREET ADDRESS) Port st Lucie # 102
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent NILLIAN J. HOLLAND JR.
G15 NW ENTENPRISE DK. PORTSE LUCIE FL 33986 New Registered Office Address: 3 AM 9
(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

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.

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Example: X Change	<u>PT</u> <u>John I</u>)oe	
X Remove	<u>V</u> <u>Mike</u> .	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	-P	VECTA VOEDRAHAI	5230 NW 77 terv. VaitLAND , FL 33067
 Remove Change	_ P _	WILLIAM J. HOLLAND JR.	PORT St. LUCK
Add Remove Change Add			FLORIDA 339BG
Remove 4) Change Add			
Remove 5) Change Add			
Remove			
Add Remove			

ttach additional sheets, if necessary).	124 0000110)
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in amendment provides for an exchovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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date this document was signed.	, if other than th
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 date will document's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	hareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
(vot)ng group)	
Dated	
Signature	
(By a director president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
prosings	
(Title of person signing)	