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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: <u>A</u>	PLUS	HOME	CONSU	いるでは	STRNICE	ES, INC
DOCUMENT NUMBER: _							
The enclosed Articles of Ame	ndment and (	lee are subi	nitted for filir	ıg.			
Please return all corresponder	ace concernin	g this matte	er to the follow	ving:			
	•	ZOUAE	NI TE	12 b D			
			NT TE	ntact Person			
A	21149	HOME	<u>(OUS</u> Firm/C	(上で内ので empany	SER	UICES,	<u></u>
	6260	F 2	24.4 PM	C(RCL)	E DILLUE	# 21 <u>2</u>	
	AKDE RI	1174	7	315 nd Zip Code			
For further information conce				o am milal report i	ociil. (0 notification)	m	
BERNADETT Name of Cont	TE D. D.	ಎ	at t_	크용( Area Cod	1 800 c & Daytime	- 7655 Telephone Nun	D mber
Enclosed is a check for the fo	Howing amou	mt made pa	iyable to the F	Torida Depar	rtment of State	::	
X \$35 Filing Fee	\$43.75 Filing Certificate of		S43.75 Fill Certified C (Additional enclosed)	ору	S52.50 Fill Certificate Certified C (Additional is enclosed	of Status lopy I Copy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (itknown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	*···
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~3
(maining marcis) (MAY ALLY FOOT OF FACE MARIN	2020
	375 0
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
	TONE TO TONE
Name of New Registered Agent	
(Floruki sire	et address)
New Registered Office Address:	, Florida
N. D. C. L. W. S. L. W. L. D. C. L. D. C. L. D. C. L. L. D. C. L. L. D. C. L. L. D. C. L.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

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; F 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 Dog	
•			
X Remove	<u>V</u> 2	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	THUCSNE FELRO	6260 S TALLS CIDELE DRIVE
Add			MPT 212, LAUDERHILL, FL
Remove			3\$3(9
2) Change			
Add			
Remove Change			
Add			
Remove			<del></del>
4) Change			
Add			<del></del>
Remove			
51 Change		4-1-1-1	
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary)	(Be specific)		
			-
			******
N. L.			
		·	
	······································	**************************************	
		···	
f an amendment provides for an ex	change, reclassification, or ca	ncellation of issued share	<u>:&gt;-</u>
provisions for implementing the an	endment if not contained in t	the amendment itself:	
(if not applicable, indicate NA)			
			<u> </u>
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•

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
глестос насе <u>надънсане</u> .	tno more than 90 days after amendmen	t file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing repartment 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 add action was not required.	pted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast flicient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for approx	αl
by		_;"
	tvoting groups	
Dated 04 12	-1/2020	
Signature	Glass	
(By a di	rector, president or other officer - if directors or offi	cers have not been
	l, by an incorporator—if in the hands of a receiver, to ed fiduciary by that fiduciary)	usitee, or other court
	MIGUEL LUCYE	
	(Typed or printed name of person signing	
	DIRECTOR	
	(Title of person signing)	