## P20000004413

r's Name)
/Zip/Phone #)
WAIT MAIL
Entity Name)
t Number)
Certificates of Status
Officer:

Office Use Only



800351199348

UB/31/26 - 0.027 U16 ##35.06

2020 ACC 31 PHI2: 23

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Mante Of CON	PORATION: ELECTRON HON		
	UMBER: P20000004413		
The enclosed Arm	cles of Amendment and fee are su	abmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	RENATA ALCANTARA		
		Name of Contact Person	1
	ACCOUNTING PLUS PRO	FESSIONAL SERVICES,	INC
		Firm/ Company	<del></del>
	10850 MOORE DRIVE		
		Address	
	PARKLAND, FL 33076		
		City/ State and Zip Cod	e
	RENATAALC@HOTMAIL	.СОМ	
		sed for future annual report	notification)
For further inforn	nation concerning this matter, plea	se call:	
RENATA ALCA	NTARA	954 at (	913-1520
Na	ime of Contact Person		de & Daytime Telephone Number
Enclosed is a che	ek for the following amount made	payable to the Florida Depa	urtment of State:
S35 Filing Fo	e □\$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)

## Articles of Amendment Articles of Incorporation of

FLECTRO	IN HOME	SERVICES	INC

	Articles of I	o ncorporation		_
ELECTRON HOME SERVICES, INC	· ·	əf		
	of Corporation as curren	itly filed with the Flo	orida Dept. of State)	<u>6</u>
P20000004413				
	(Document Number	of Corporation (if kno	own)	<del></del>
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, thi	s Floridu Profit Corp	poration adopts the following an	rendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
ANGEL IN YOUR LIFE, INC			Ti.	e new
name must be distinguishable and contain 'Inc.,'' or Co.,'' or the designation "C 'chartered,'' "professional association,'	Corp," "Inc," or "Co".	A professional corp		
B. Enter new principal office address,	if applicable:	405 N OCEAN I	BLVD # 227	
Principal office address <u>MUST BE A S</u>		POMPANO BEACH, FL 33062		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		405 N OCEAN I POMPANO BEA		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss:	er the name of the	
	405 N OCEAN BLVD #	: 227		
	(Florida s	street address)		
New Registered Office Address:	POMPANO BEACH		, Florida 33062	
		(City)	(Zip Code	<del></del>

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 $\blacksquare$  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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	RENATO N DE SOUZA	601 PINE DRIVE102
Add			POMPANO BEACH, FL 33060
Remove  2) Change	P	ALEXSANDRA C. BARROS	405 N OCEAN BLVD # 227
X Add			POMPANO BEACH, FL 33062
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

xuach <i>add</i>	itional sheets,	, if necessary).	(Be specific	)			
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f an amen	dment provi	des for an exc	hange, reclass	ification, or c	ancellation of i	ssued shares,	
<u>provisions</u>	s for impleme	enting the am	endment if no	<u>contained in</u>	the amendme	nt itself:	
(ij not	аррисавие, п	naicate N/A)					
		····					
				<del></del>		·-····	· · · · · · · · · · · · · · · · · · ·

	08/27/2020
The date of each amendment(s) a date this document was signed.	doption:, if other than t
rate 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as a spartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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	•
· · · · · · · · · · · · · · · · · · ·	(voting group)
08/26/2020 Dated	
15.ttet	
Signature	le cuella Provincia eli Boras
(By a di	rector, president or other officer - if directors or officers have not been
	d. by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ed fiduciary by that fiduciary)
	ALEXSANDRA C. BARROS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)