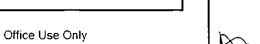
P20000 13566

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

Division of Corporations NAME OF CORPORATION: NNOVO HOME AND DESIGN DOCUMENT NUMBER: <u>P70000013566</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EYESA MUCARSEL

Name of Contact Person INNOVO HOME AND DESIGN 6965 Vista PARKWAY NORTH, West Palm Beach, FL, 33411 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO ESPOSITO

Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

INNOVO HOME ATVO			
	tly filed with the Florida Dept. of State)		
7200000139			
	of Corporation (if known)		
·	•		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	ng amendm	ient(s) to
A. If amending name, enter the new name of the corporation:			
		The nev	W
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must conta	in the wor	·d
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6965 Vista Parku West PALM BEACH	vay N	DRTH,
(Frincipal Office address MOST DE ASTROCT ADDRESS)	West PALM BEACH	FC.	
	33411		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6965 Vista Parkway Nou	th	
	WEST PALM BEACH, F		
	33411		
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addres	<u> </u>		
Name of New Registered Agent		_	
		25	
(Florida s	treet address)	- 23	
New Registered Office Address:	. Florida		•
New Negationed Office Address.		Codef	
			• .
		==	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		8: 58	
Signature of New I	Registered 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; 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 D	o <u>e</u>	
X Remove	<u>V</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	ANTONIO ESPOSITO	8106 NW 105CT
Add				33178, FL DORAL
Remove				
2) Change	<u> </u>	_	EDUARDO ANTONIO	3516 W 86 TH TER
X Add			MUCARGEL Navarro	HIALEAH GARDEIS 33018, EC
Remove 3) Remove	TD	_	ANTONIO ESPOSITO	8106 NW 105CT 33178, FC, DORAC
X Add				
Remove	<i>.</i> .			
4) Change		_	Alica RAMONA	3526 W 86 TH TER
X Add			HERNANDEZ de MUCARSEL	HIALEAH GARDENS 33018, FL
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
 	
	•
-	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	
<u>. </u>	_

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The date of each amendment date this document was signed	(s) adoption: Of-LO-COLO	, if other than the
	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, ne Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	ndment(s)
	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 0	1-20-2020	
sc	y a director, president or other officer – if directors or officers have no lected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	ot been her court
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	