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Office Use Only



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R. WATT

COVER LETTER

TO: Amendment Section

Division of Corpo	rations	•	·
	ation: <u>VOH Hom</u> er: <u>P200004</u>	-	NIC
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
-	VOH Hon 11105 Pol Jackson cocobaleo	Hernande & Name of Contact Person Ne Services Firm/ Company DINS Nest Address Alle, Florida City/ State and Zip Code aclas & out li	1nc. 2t 2 32225 20k. com
For further information	concerning this matter, pleas	se call:	
VONESSO Name o	Hernandez f Contact Person	at (9 Area Coo	534 - 10101 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Indicate the section of Corporations Box 6327 Indicate FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently fi	led with the Florida Dept. of State)
VOH Home Services Inc	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pa "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	NIIT
_	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent NIA	
(Florida street	address)
New Registered Office Address: New Registered Office Address	, Florida
(Ci	ty) (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.
N/A	
Signature of New Regi	stered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c).	FS

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Oscar Hernandez	11105 Robins Nest Cd
✓ Add			Jacksonnilo, FL 32225
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sho	ng additional Articles, eets, if necessary). (Be	e specific)	<u> </u>		
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an amendment pi rovisions for imp	ovides for an exchange ementing the amendm	<u>e, reclassification,</u> ent if not containe	or cancellation of d in the amendm	issued shares, ent itself:	
(if not applicab	le, indicate N/A)				
			<u>. </u>		
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		1 110			
. <u></u> ,		NA		· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) ac	option:	, if other than the
ate 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 b ocument's effective date on the De	ock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend fficient for approval.	lment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)	itatement):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by VOH Home S	Services Inc. Vanessa Herrandez.	
Dated NOV	23, 2020	
selected	rector, president or other officer – if directors or officers have not I, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
	Variessa Hernandez (Typed or printed name of person signing)	
	Tresident (Title of person signing)	