Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000346408 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	-

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FASTKIT CORP

Account Number : 12010000009

Phone

: (305)599-0839

Fax Number

: (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:	<u> </u>
こいはサマナ	Muul Coo.	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BEYOND HANDYMAN SERVICE INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

,ŧ

## Articles of Amendment to Articles of Incorporation of

7151 1-5 PM 10: 03

	BEYON	ND HANDY	MAN SERVICE INC		
(Name o	f Corporat	lon às curre	atly filed with the Flor	rida Dept. of State)	
		P20000	047642		
	(Досш	ment Numbe	r of Corporation (if kno	חשית)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:					t(s) to
A. If amending name, enter the new na	me of the c	orporation:			
N/A				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co "chartered," "professional association,"	orp," Inc.	" or "Co".	A professional corpo	porated" or the abbreviation "Corp.,"	
B. Enter new principal office address, i	if annlicabl	e:	N/A		
(Principal office address MUST BE A ST					
	•			· · · · · · · · · · · · · · · · · · ·	
			· <del>=-</del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			N/A		
D. If amending the registered agent and new registered agent and/or the new	d/or registe r registered	red office at	ddress in Florida, ente	er the name of the	
Name of New Registered Agent	N/A				
		' (Florida	street address)	<del></del>	
New Registered Office Address:	N/A	. (			
			(City)	, Florida	
		· ·	(0)	(inp coat)	
		:			
New Registered Agent's Signature, if ch					
I hereby accept the appointment as registe	ered agent.	I am familia	ir with and accept the o	obligations of the position.	
		į.			
	Cian	oture of Man	Registered Agent, if ch	honging	

Check if applicable

<sup>☐</sup> 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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	Y	Mike Jo	nes	!	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	,	Address
I) Change	VP		CARLOS	A:PINO GALLENT	4148 E 10TH AVE
Add				;	HIALEAH FL 33013
Remove					
2) Change					<u>.</u>
Add				•	
Remove 3 ) Change	-			<u> </u>	
Add				1	
Кеткаче					
4) Change		<del>-</del>	·	<del></del>	
Add				:	
Remove					
5) Change					
Add				•	·
Remove				; ;	
δ) Change					
Add				•	
Remove					
				:	

f amending or adding additional Articles, e Attach additional sheets, if necessary). (Be s	pecific)	
	·	
•	!	
	:	
		<u> </u>
	· :	
	:	
	· · · · · · · · · · · · · · · · · · ·	
	:	
	<del>:</del>	
	<u></u>	
	ŧ.	
If an amendment negulater for an exchange	reclassification, or cancellation of issued shi	ares.
provisions for implementing the amendm	ent if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
/A	•	
	:	
	:	
		<del> </del>

The date of each amen	dment(s) adoption:, if other than the
date this document was	signed.
Effective date if application	nble: (no more than 90 days after amendment file date)
Note: If the date inser document's effective de	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t the on the Department of State's records.
Adoption of Amendm	ent(s) (CHECK ONE)
The amendment(s) action was not requi	was/were adopted by the incorporators, or board of directors without shareholder action and shareholder ted.
The amendment(s) by the shareholders	was/were adopted by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.
☐ The amendment(s) nust be separately	was/were approved by the shareholders through voting groups. The following statement 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
ъу	
•	(voting group)
Date	d
Sign	(By a director, president or other officer - if directors or officers have not been
·	selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	CARLOS A PINO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)