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COVER LETTER

Division of Corporations NAME OF CORPORATION: PRODIGY Home InspecITN Corp DOCUMENT NUMBER: _ P 200000 84122 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ana Granella Olive Name of Contact Person Firm/ Company 17341 SW 15320 eT

Address

Mi Anci F2 33187

City/ State and Zip Code Tamy @ miami pro tar. com
-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Taliahassee, 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

 \mathbf{of}

PRODICY Home I	nspe	citin C	orp	
(Name of Corporation as o	currently f	led with the Florida	Dept. of State)	
P 200000	8412	2		
(Document N	umber of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Flo</i>	rida Profit Corporat	<i>ion</i> adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corpora			4	
PRODIGY Hor	ne I	nspection	5 CORP	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	ution,'' "con 'Co" A-p n-"P.A."	ipany," or "incorpor rofessional corporat	ated or the abbr ion name must o	eviation Corp., contain the word
B. Enter new principal office address, if applicable:	C s	11541	5W1	187
(Principal office address <u>MUST BE A STREET ADDRESS</u>	2)	MIAM!	F1 33.	187
		-		(E)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			/a	inch Jinhi
(Stutting undress MAT DE ATOST OFFICE DUA)				
	-			<u> </u>
D. If amending the registered agent and/or registered off	fice addres	s in Florida, enter tl	ie name of the	N1 9: 01
new registered agent and/or the new registered office	address:			
Name of New Registered Agent				
	lorida street	address)		
V D 1000 1000			Florida	
New Registered Office Address:	1C	ity)	1 1011d3	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for	<u>d Agent:</u> Iamiliar win	b and accept the oblis	vations of the vos	ition.
тиетох ассерите прротишен из гезычеси адет. Тат у	(())	Tuna accept the only	, , , , , , , , , , , , , , , , , , ,	
Signature (of New Regi	stered Agent, if chan	ging	

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change			 	
Add			***	
Remove				
2) Change	£7.5		 	
Add				
Remove 3) Change			 	··
Add				
Remove				••
4) Change			 	_
Add				
Remove				
5) Change			 	_
Add				
Remove				
6) Change			 	
Add				_
Remove			·	

[Attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

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The date of each amendment(s) adoption: 0101/2021 , if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately 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
by
Dated 1-07-2021
(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)
Ana Granella Olive (Typed or printed name of person signing)
fresident
(Title of person signing)