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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FOR DA Lifestyle Home Inspections Inc
DOCUMENT NUMBER: Pa 00000 85195
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexis Rodriguez Name of Contact Person To a service of the serv
Floriba Lifestyle Home Inspections Inc.
1193 SE PORT St. Lucie Blud PMB # 264
PORT St. Lucie, FL 34952 City/ State and Zip Code
Honidalifestylehomeinspectorsogmail.con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexis Rodriguez at (501) 818-8791 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:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

	of	
Florida Life Style Hom	e Inspections In	Ĵc
(Name of Corporat	tion as currently filed with the Flori	ida Dept. of State)
P 20000085195	•	
(Docu	ument Number of Corporation (if know	wn)
Pursuant to the provisions of section 607,1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "c"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbi	" or "Co". A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox</u>)	
D. If amending the registered agent and/or registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	,	• • •
New Registered Agent's Signature, if changing Re	gistered Agent:	'3
I hereby accept the appointment as registered agent.	i am familiar with and accept the ob	oligations of the position.
		<u> </u>

Signature of New Registered Agent, if changing

Ġ.

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)

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	Juan Vasquez	1193 SE Port St. Lucie Blue PMB # 264 Port St. Lucie, FL 3495
Add		,	PMB # 264
Remove			PORT ST. LUGE, FL 3449
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)				
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an amendment provides for an exch rovisions for implementing the ame	hange, reclassific	ation, or cancell	ation of issued	shares,	
(if not applicable, indicate N/A)	mament ii not co	mamed in the ai	menament use	<u> </u>	
			<u></u>		
		-		_	
				.	
					
					
					

The date of each amendment(s) late this document was signed.	adoption:	JULY	1, 2021	, if other than the
Effective date <u>if applicable</u> :	<u>Ju</u>	LY 9, 20 more than 90 days	DS after amendment file da	te)
Note: If the date inserted in this locument's effective date on the			atutory filing requireme	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK	(ONE)		
The amendment(s) was/were a action was not required.	adopted by the incor	porators, or board o	f directors without share	cholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were			er of votes east for the a	mendment(s)
☐ The amendment(s) was/were a must be separately provided f				
"The number of votes ea	ist for the amendme	nt(s) was/were suffi	cient for approval	
by				
	(voting gi	roup)		
Dated	July 9	, 20al		
Signature	A	R		
(By a selec		ator – if in the hands	directors or officers have of a receiver, trustee, o	
	Type	levis R	odri Gve Z	
	P	Residen-	<u> </u>	
	(Title	of person signing)		