P21000033314

| (Requestor's Name) |
|---|
| (ioquosio. o i iumo) |
| (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: |
| |
| <u></u> |
| MAY 2.6 2022 |
| |
| 5/23/22 |
| Office Use Only |



600385126656

04/08/22--01012--003 **35.00

TILED

MIZHAY 23 AH IO: 39

SECRETARY OF STATE



RECEIVED

2022 HAY 23 PM 12: 04

SECALIAMA CE STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2022

GENESIS ARMANI 4304 TARKINGTON DR LAND O LAKES, FL 34639

SUBJECT: MOE'S HOME IMPROVEMENT'S INC.

Ref. Number: P21000033314



We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 3 of 4 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 122A00010530

Page three is now included in the packet

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Moc's Home | Improvement> |
|--|--|
| DOCUMENT NUMBER: <u>P21000033314</u> | |
| The enclosed Articles of Amendment and fee are sub | omitted for filing. |
| Please return all correspondence concerning this mate | ter to the following: |
| Genesis Armani | Name of Contact Person |
| Moe's Home Imp | Firm Company |
| | Dr Address |
| | City/ State and Zip Code |
| <u>Morshangian Pro</u> E-mail address: (to be use | remedis a gmoil comed for future annual report notification) |
| For further information concerning this matter, please | e call: |
| Cherocsis Armani | at (813) 461 - 9388 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made p | |
| \$35 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | 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 of

FILED

| Moe's Home Improvement's Inc. | 2022 HAY 23 AM In: 39 |
|--|---|
| (Name of Corporation as current | y filed with the Florida Dept. of State) |
| P210000 33314 | SECRETARY OF STATE |
| (Document Number o | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| MI Home Improvements Inc | The new |
| mame 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 contain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | -N/A |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| D. If amending the registered agent and/or registered office add | |
| new registered agent and/or the new registered office address | <u>v:</u> |
| Name of New Registered Agent N/A | |
| (Florida si | rvet address) |
| New Registered Office Address: | , Florida |
| New Registerea Office Address. | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent | : |
| I hereby accept the appointment as registered agent. I am familiar | |
| | |
| 10 . Att 15 | Latin and America Colores |
| Signature of New R | legistered Agent, if changing |
| Check if applicable | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 <math>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>oc</u> | |
|-------------------------------|-----------|----------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | _ | | -N/A |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove Change | | _ | | |
| Add | | | | |
| Кепюче | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| Muacii | | ding addition | | | | _ | | | | | |
|----------|-------------------|---|-------------|-------------------|-------------|---------------|---------------------------------------|------------|-----------|-----------------------|--------------|
| ممد | chance | e from | Mae's | Home | 7 | ولمدومه | s to | MT L | ومر | ~00h d boo | a-4 (|
| ICHLK. | _ U_\~ | ~ // DV: | 111000 | 1101136 | | DACELY CT. | -1. IL/ | <u> </u> | DE TH | derone m e | M13_ |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |
| | | · · · - · - · · · · · · · · · · · · · · | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | - | | |
| | | • | | | | | - | | | | . |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | · | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| If an ar | mendment | <u>provides fo</u> | r an excha | nge, recla | ssificatio | n, or cance | llation | of issued | shares, | | |
| | | plementing | | <u>dment if r</u> | not conta | ined in the | amend | ment itsel | <u>f:</u> | | |
| (7) | ни арриса | me, maaan | e 18721) | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | ···- | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | · | •••• | _ | | | | | | | |
| | | | • | _ | | | | | | | |
| | | | | | | | | | | | |

| The date of each amendment(s) adoption:date this document was signed. | , if other than the |
|---|---|
| • | |
| Effective date if applicable: 5/5/2022 (no more than 90 days after amendment) | ent file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing 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 wit action was not required. | hout shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval. | t for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the | |
| "The number of votes cast for the amendment(s) was/were sufficient for appro | ovai |
| by | " |
| (voting group) | |
| Dated 5/5/2021 | |
| Signature Mohamus Two Learning (By a director, president or other officer - if directors or of | |
| selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary) | trustee, or other count |
| (Typed or printed name of person signi | ng) |
| िरश्चित्र (Title of person signing) | |
| (Title of person signing) | |