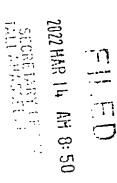
P22000016573

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filling Officer:		
J. HORNE		
MAR 2 8 2022		

Office Use Only



500383619405



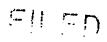
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: F&G HOME SOL	UTIONS CORP	
DOCUMENT NUMI			
	of Amendment and fee are so	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	GABRIELA RUIZ RENGIF	·O	
		Name of Contact Person	n
	<u> </u>	Firm/ Company	
	11901 ABESS BLVD APT	1119	
	JACKSONVILLE, FL 3222:	Address	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
	GABIRUIZ9@GMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
GABRIELA RUIZ RENGIFO		at (208-8016
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



F&G HOME SOLUTIONS CORP

(Name of Corpor	ation as currently filed with the Florida Dept. of State, 4 AH 8: 50
P22000016573	SECRETARY or over
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	e corporation:
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abi	The new "corporation," "company," or "incorporated" or the abbreviation "Corp.," ic." or "Co". A professional corporation name must contain the word breviation "P.A."
3. Enter new principal office address, if applical Principal office address MUST BE A STREET A	ble: DDRESS)
• 55	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered.	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
- 	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
	. I am familiar with and accept the obligations of the position.
Sig	gnature of New Registered Agent, if changing

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	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	FRANCISCO A RODRIGUEZ CAR	1865 WELLS RD APT 200
Add			ORANGE PARK, FL 32073
X Remove			
2) Change		<u></u>	
Add			
Remove 3) Change			•
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		
38.70		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
tit not applicable, indicate N/4)	endment if not contained in the amendment itself:	
(if not appreame, material (v/x)		
1.5 * 18		

.

	03/07/2022	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.	(07/2022	
Effective date if applicable:	/07/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholde	r action and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s).	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
60 by		
	(voting group)	
03/07/20:	22	
Dated		
Signature	abaela E.	
select	director, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other nted fiduciary by that fiduciary)	
	GABRIELA RUIZ RENGIFO	
	(Typed or printed name of person signing)	· <u>·</u>
	PRESIDENT	
	(Title of person signing)	