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COR AMND/RESTATE/CORRECT OR O/D RESIGN **INVESKO HOME INC** 

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J. HORNE

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### H2ZOOO1432283

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: INVESKO HOME INC DOCUMENT NUMBER: P22000027518 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FABIO QUIROGA Name of Contact Person Firm/ Company 11420 SANDY HILL DR Address ORLANDO, FL 32821 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **FABIO QUIROGA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## H220001432283

Articles of Amendment to Articles of Incorporation

	of	11011	SEC ALL
INVESKO HOME INC			CARE A
(Name of Corpora	tion as currently file	d with the Florida Dept. o	(State)
P22000027518			255 XX XX
(Doc	ument Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006, Floring Articles of Incorporation:	ida Statut <del>es</del> , this <i>Florid</i>	da Profit Corporation adop	~~ <^ -
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp." "Inc "chartered," "professional association," or the abb	c," or "Co". A proj previation "P.A."	iny," or "incorporated" or fessional corporation nam	the abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: ODRESS)		<del></del>
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>-</u>		
D. Kamandian de austre de la constant de la constan			
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in d office address:	Florida, enter the name o	<u>of the</u>
Name of New Registered Agent			<del></del>
	(Florida street ada	tress)	<del></del>
New Registered Office Address:		FI	orida
	(City)	,	(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent	gistered Agent: I am familiar with an	nd accept the obligations of	the position.
Sigi	nature of New Register	red Ageni, if changing	· · · · · · · · · · · · · · · · · · ·
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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 hold. 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	Y	Mike Jones			
<u>X</u> Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Address</u>		
1) Change	VP	YVONNE BARRERO	11420 SANDY HILL DR		
X Add			ORLANDO, FL 32821		
Remove					
2) Change					
Add					
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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(Atta	mending or adding additional Arm ach additional sheets, if necessary).	(Be specific)	<u>nectsphere</u> .			
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If ar	n amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifi indment if not e	cation, or can ontained in ti	ncellation of iss te amendment	ued shares, itself:	
						<u>-</u>
			<del></del>			
<u> </u>			_			

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The date of each amendment(s) as	doption:, if other than the
date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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	н
	(voting group)
04/20/2021 Dated	
Signature	ર
(By a di selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffuuciary by that fiduciary)
	FABIO QUIROGA
•	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)