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ALLAHASSEE IL.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Your	Home Te	tis3
DOCUMENT NUMBI	ER:	2000044	1153
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
-	Caclyo Your	Neuman Name of Contact Perso Home Tea Firm/ Company	m, loc.
-	Tam	Address City/ State and Zip Cod	15ta Ln 33614
-	Your Ho E-mail address: (to be us	eme Team (- sed for future annual report	FLE gmail, Lorre
For further information	concerning this matter, plea-	se call:	
Suza Name of	nne Mac f Contact Person	-k5_at (<u>813</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
[7] \$35 Filling 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)
Maili	ing Address	Strant	Addens

Mailing Address

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

FILED

Vous Hon	pe Team In 22 JUL 12 AM 11: ng
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P22000	0 44153 TALLAHE OF STATE
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this att Articles of Incorporation:	s Florida Profit Corporation 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 "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	8902 N Dale Mabry Hwy Suite 103-C
	Tanga, FL 33614
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8312 Palma Vista Lr. Tampa, FL 33614
D. Hamending the registered agent and/or registered office address registered agent and/or the new registered office address Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New i	Registered Agent, if changing

Check if applicable

 \square 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: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>u</u>	Address
1) Change	D, P, S	Ja	mes P. Marks	8312 Palma Vista Tampa FL 33616
Add X Remove				Jampa FL 33L/10
2) Change	D, VP 7	54	zanne P. Mark	5 8312 Palma Vista
Add				Tampa FL 33614
Remove 3) Change	DE	5 Ca	rlyn Neuman	324 N Dale Mabry 1
∠_ Add				Suite 300
Remove				Tampa EL 33609
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

. <u>If amending or add</u> (Attach <i>additional sl</i>	ling additional Art leets, if necessary).	ncles, enter chang (Be specific)	<u>(e(s) here</u> :		
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lf an amendment p	rovides for an exc	hange, reclassific	ation, or cancell:	ation of issued sh	ares,
provisions for imp	olementing the am ble, indicate N/A)	<u>endment if not co</u>	ntained in the ar	nendment itself:	
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The date of each amendment(s) adoption date this document was signed.	ı:Jαn	< 23 ₁	2022	, if other than the
Effective date <u>if applicable</u> :	June	23. 2	022	
<u></u>	(no more than 90 da	vs after amend	ment file date)	
Note: If the date inserted in this block do document's effective date on the Departme		statutory filin	g requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted by action was not required.	the incorporators, or board	d of directors v	vithout shareholder ac	ction and shareholder
1. The amendment(s) was/were adopted by by the shareholders was/were sufficient		nber of votes c	ast for the amendmen	11(s)
The amendment(s) was were approved by must be separately provided for each verified.				ment
"The number of votes east for the	amendment(s) was/were st	ifficient for ap	proval	
by	(voting group)			
	(voting group)			
Dated OL	123/2022	_		
Signature	122			
(By a director, selected, by ar	president or other officer - n incorporator - if in the ha neurry by that fiduciary)			
	(Typed or printed nam	ekma	<u>'/</u>	
		_	ning)	
	Cesiden	<u> </u>		
	(Title of person signing	8)		