P22000064556

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PICK-UP WAIT MAIL					
(Business Entity Name)					
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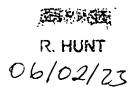
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Homele AC And Handyman Selvices CORP DOCUMENT NUMBER: 222000064556 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Homere Pickre AC And Handyman Selvices (Rchange DR #102 Homere Dierre @ yahoo. (5m)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HomeRe Pierre at (321) 557 1434

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: \$35 Filing Fee \$52.50 Filing Fee ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Homere AC and Handy (Name of Corporation as	man Service	LS CORP	
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
Y 220000 645	56 Number of Corporation (if k		
	•		
Pursuant to the provisions of section 607.1006, Florida Stati its Articles of Incorporation:	utes, this <i>Florida Profit Co</i>	rporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corpor	ation:		
name must be distinguishable and contain the word 'corpora" Inc.," or Co.," or the designation "Corp," "Inc," or	ation," "company," or "inc	corporated" or the abbrevlatio	on "Corp.,"
"chartered," "professional association," or the abbreviation	оп "Р.А."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>		
		22	4 50 Mpc or
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		355	N .
			Ě
	<u> </u>	FA	o
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>ω</u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the	
			
Name of New Registered Agent			-
(1	Florida street address)		-
New Registered Office Address:		, Florida	
	(Ciţv)	(Zip (Code)
New Registered Agent's Signature, if changing Registered l hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept th	e obligations of the position.	

Signature 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		.		
Add			-	
Remove				
6) Change				
Add				
Remove				

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)
	. Later
7	
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for 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"	
(voting group)	
Dated 5/24/2023	
Signature (By a director, president or other officer – if directors or officers have not	heen
selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Provident	
(Title of person signing)	