P22000064781

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
J DENNIS		
	JAN 1	8 2023
		





300395930553

10/20/22--01022--010 **95.00

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: MIAMI DADE HO	OME SERVICES INC	
	BER: P22000064781		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	DALDA L HABOUD		
		Name of Contact Person	1
	MIAMI DADE HOME SERV	VICES INC	
		Firm/ Company	
	250 NE 32ND STREET		
		Address	
	MIAMI, FL 33137		
		City/ State and Zip Code	e
	DAMARISACCOUNTAX@	VALIOO COM	
		sed for future annual report	nutification)
	E-man address. (107 be us	ed for fittire amount report	in/incation)
For further informati	on concerning this matter, pleas	se call:	
DALDA L HABOU	D	305	427-0773
	of Contact Person	at (305)
Natik	of Confact Letson	Aica Co	de le Daytime Telephone Pumber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address Iment Section
Division of Corporations		Divisio	on of Corporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MIAMI DADE HOME SERVICES INC.

MIAMI DADE HOME SERVICES INC		
P22000064781	of Corporation as current	ly filed with the Florida Dept. of State)
P22000064781	(Deammant Number	of Corporation (if known)
	•	•
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen
A. <u>If amending name, enter the new n</u> N/A	ame of the corporation:	•
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
3. Enter new principal office address,	if applicable:	N/A
Principal office address <u>MUST BE A S</u>		
		-
Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
(Muning dualess MAT DE ATOST	OTTICE BOA	
). If amending the registered agent ar		
new registered agent and/or the new		<u>s:</u>
Name of New Registered Agent	N/A	<u> </u>
	(Florida si	reet address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	t:
		with and accept the obligations of the position.
•	Signature of New i	Registered Agent, if changing
	The state of the s	היוויה ע זוויההויי בייה הייה
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)

Example:

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.

X Change	PT	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	LAURA SALAZAR	250 NE 32ND STREET
X Add				MIAMI, FL 33137
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				- <u> </u>
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
,	
-	
	-
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
∛A	

· · · · · · · · · · · · · · · · · · ·	
•	

.

The date of eac	N/A ch amendment(s) adoption:	, if other than the
date this docume	•	, outer dish are
	N/A	
Effective date <u>i</u> l	f applicable:	
	(no more than 90 days after amendment file date)	
	ite inserted in this block does not meet the applicable statutory filing requirements, this ective date on the Department of State's records.	s date will not be listed as the
Adoption of An	mendment(s) (<u>CHECK ONE</u>)	
The amendm action was no	nent(s) was/were adopted by the incorporators, or board of directors without shareholder of required.	action and shareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment holders was/were sufficient for approval.	eent(s)
	nent(s) was/were approved by the shareholders through voting groups. The following staturately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval	
N/z	Α	
by	(voting group)	
	10/14/2022	
	Dated	
	Signature Dalda Halavud	
	(By a director, president or other officer – if directors or officers have not b selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
	DALDA L HABOUD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

.