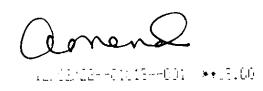
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A. RAMSEY MAR | 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Home Professional	Services, Inc	,	
DOCUMENT NUM	1BER: P22000082786			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Maibelline Gomez			
		Name of Contact Person	n	
	Home Professional Services,	Inc		
		Firm/ Company	. =	
	25041 SW 133 Place			
	Address			
	Homestead, Florida 33032			
	****	City/ State and Zip Cod	e	
	maibegm@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Maibelline Gomez		at (³⁰⁵	890-1442	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	LEL
2022 DEC -	2,3
11 UES -	S 22 2
of State)	1 8: 15

Home Professional Services, Inc

(Name	of Corporation as c	urrently filed with the Florida D	ept. of State) 4/7 8: 17	
P22000082786				
	(Document Nu	imber of Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statut	es, this <i>Florida Profit Corporation</i>	n adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporat	tion:		
N/A			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Crhartered," "professional association,"	Corp," "Inc," or "C	Co". A professional corporation	ed" or the abbreviation "Corp.," n name must contain the word	
B. Enter new principal office address,	if annlicable	25041 SW 133 Place		
(Principal office address MUST BE A S)		
		Homestead, FL 33032		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		25041 SW 133 Place	25041 SW 133 Place	
		Homestead, FL 33032		
D. If amending the registered agent an new registered agent and/or the ne			name of the	
Name of New Registered Agent	Maibelline Gomez			
	25041 SW 133 Plac	ce		
	(Fle	orida street uddress)		
New Registered Office Address:	Homestead		, Florida 33032	
iven negmered cyrice marees.		(City)	(Zip Code)	
New Registered Agent's Signature, if of I hereby accept the appointment as registered.			ions of the position.	
	Ham I a	New Registered Agent, if changing		
	/Signature a	LNew Registered Agent, if changin	ng	
Check if applicable The amendment(s) is/are being filed p				

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 Doc	
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	<u>P</u>	Oralis Leon	16585 SW 177 Ave
Add		·	
x Remove			Miami, FL 33187
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

(g or adding addition tional sheets, if neces,	sary). (Be specific)		
∛/A					
			.		
		<u></u>			
					
				·	-
					
					
			· · · · · · · · · · · · · · · · · · ·		
If an amend	dment provides for a	n exchange, reclass	ification, or cance	llation of issued sha	ires.
provisions	for implementing th	ie amendment if no	t contained in the	amendment itself:	
_	applicable, indicate N	₩A)			
					<u></u>
!/A					
//A					
//A					
i/A				<u></u> -	
/A					
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//A					
i/A					

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
10/28/2022 Effective date if applicable:	
(r	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	neet the applicable statutory filing requirements, this date will not be listed as ite's records.
Adoption of Amendment(s) (CHEC	CK ONE)
☐ The amendment(s) was/were adopted by the incaction was not required.	orporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendr	nent(s) was/were sufficient for approval
Maibelline Gomez	
	group)
11/21/2022	
DatedSignature	euntus
(By a director, preside	nt or other officer - if directors or officers have not been
selected, by an incorp appointed fiduciary by	orator — if in the hands of a receiver, trustee, or other court that fiduciary)
Maibelline Go	mez
(Ty	ped or printed name of person signing)
Vice President	
(Ti	le of person signing)