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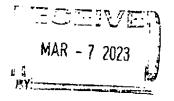
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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MAR - 7 2023 J. HORNE MAY 18 2023

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SECRETARY OF STA

COVER LETTER

NAME OF CORPORATION: AMBERTY S HOME IMPROVEMENTS

DOCUMENT NUMBER: P2300000640

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amberty Taylor

Name of Contact Person

Amberty Home improvements

Firm/ Company

1709 mont gomery DR

Address

Dayleng Ban Fl Jain

City/ State and Zip Code

For further information concerning this matter, please call:

TO: Amendment Section

Amber 14 Tay 167

Name of Contact Person

at (386) 2652747

Area Code & Daytime Telephone Number

AST. (DIROFTING Grail (CM)
E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment

CII FR 0

	Articles of Incorporation	$=$ $=$ \cup
	of	2023 MAR -7 PH 12: 55
(<u>Name of Corpor</u>	ation as currently filed with the Flori	da Dept. of State (7 OF STATE SEE, 17)
(Doc	cument Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corpor</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abo	nc," or "Co". A professional corpor	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or registered registered agent and/or the new registered Name of New Registered Agent		the name of the
	(Florida street address)	
New Registered Office Address:	What	, Florida
	(Ciţv)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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> <u>Jo</u>	ohn Doc	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add		ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Amberry Taylor	1709 montgomer
Add		()	Dr daytena
Remove			BCM FL ,32117
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

lf amar-	nding or adding additional Articles, enter change(s) here:	
Attach a	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
7. xc	got to add myself as the divector.	
- 1000	DOT TO SIGN THE CALLED A	,
-		
		· · · · · · · · · · · · · · · · · · ·
If an am	mendment provides for an exchange, reclassification, or cancellation of is	sued shares.
provisi	sions for implementing the amendment if not contained in the amendmen	t itself:
(if	f not applicable, indicate N/A)	
		••••

The date of each amendment(s) adoption:, if other than the
date this document was signed.
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, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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)
(voting group)
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Company Owner (Title of person signing)