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(((H23000274848 3)))



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Division of Corporations

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From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

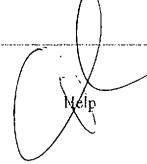
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN HND REMODELING INC

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TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION: $_^{\mbox{\scriptsize HND}}$ REMODELING INC DOCUMENT NUMBER: P23000017055 The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: **ED KOTLER** Name of Contact Person TAX ZONE INC Firm/ Company 8865 COMMODITY CIR STE 4 Address ORLANDO, FL 32819 City/ State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 888-3131

Area Code & Daytime Telephone Number ED KOTLER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Starus Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Malling Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Tax Z

Articles of Amendment Articles of Incorporation of

HND REMODELING INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P23000017055	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	loridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HND RENOVATIONS INC	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Time fraid of the man ess (HODT DE AD CREATE (HE PARTED)	~?
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
(muning unitess synt Dr. A POST OF PROF BOX)	
D. Harmanding the equiptered are and the market and office addition	on the Marking automatic page of the
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	iss in Piorida, enter the name of the
Name of New Registered Agent	
Name of New Regustered Agent	
(Florida stree	at add are !
New Registered Office Address:	City) (Zip Code)
,,	124 0000
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I om familiar wi	ith and accept the obligations of the position.
Signature of New Rep	gistered Agent, if changing
Charlest applicable	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Clork; 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 Dug	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) Change		-	4.000.000.000.000.000.000.000.000.000.0
Add			
Remove			
2) Change			~ :
Add			·
Remove Change			-
Add			
Remove			:.
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

To:

18884530509

To:

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, this date will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required.	areholder
■ 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)	
Dated Avast 8, 9093:	
Dated NOST O 90-3: Signature Ankly	
(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)	(5)
Tranklin Urbina (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	