P2400005400

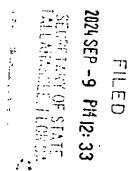
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Right Angle Home Services Inc **DOCUMENT NUMBER:** <u>P240000840</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Blanca Ramirez - Orozco
Name of Contact Person Right Angle Home Services Inc Hillside Dr Address Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 352-7844 Area Code & Daytime Telephone Number Blanca Ramirez-Orozco Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$52.50 Filing Fee □\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Right Angle His	ome Service	S いし led with the Florida J	Dept. of State)		
P2400	00008407	<u></u>			
1)	Document Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this Flo	rida Profit Corporatio	on adopts the fo	llowing ame	ndment(s) to
A. If amending name, enter the new name of	the corporation:				
					new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A pi	pany," or "incorporation professional corporation	ed" or the abbron name must	eviation "Co contain the	orp.," word
B. Enter new principal office address, if appli					
(Principal offic <mark>e address <u>MUST BE</u> A STREET</mark>	<u>"ADDRESS"</u>)				
	-				
	-			_	
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)				
	_		·		
				7140 2	
		. The Carrow Alexander		 S. ₹.	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address:	in Florias, enter the	name of the		77
Manua of Man Basinessal America			ί,		m
Name of New Registered Agent	*1	-			
	(Florida street	nddrass		<u>ੁੜ</u> ਨੂ	
	(1 tortuu street t	au cosy		<u> </u>	
New Registered Office Address:	(Cii		, Florida 🔨	(Zip Code)	<u> </u>
	(6.	<i>yy</i>		()	
New Registered Agent's Signature, if changin	g Registered Agent:				
I hereby accept the appointment as registered ag	zent. I am familiar with	and accept the obliga	itions of the pos	sition.	
	Signature of New Regis	stered Agent, if changi	ing		

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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	P	_	Roland Rodriguez	411 Hillside Dr
Add Remove				Seffner, FL 33584
2)Change	<u>P</u>	_	Blanca Ramivez-Oroza	
Add Remove 3) Change				Seffner, FL 3358L
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		<u></u>
Add				
Remove				
6) Change		<u>-</u> -		
Add				
Remove				

tach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an excl	nange, reclassification, or cancellation of issundenent if not contained in the amendment is	ed shares,
rovisions for implementing the ame	nament it not contained in the amendment is	isch.
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not upplicable, indicate N/A)		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of ea	nch amendment(s) adoption: September 3rd, 2024, if other than a
	if applicable: September 3rd 2024 (no more than 90 days after amendment file date)
Note: If the d	late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
Adoption of A	amendment(s) (CHECK ONE)
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) reholders was/were sufficient for approval.
	ment(s) was/were approved by the shareholders through voting groups. The following statement parately 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)
by _	012121
by _	Dated 9 3 24. Signature
by _	Dated 9 3 24.
by _	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