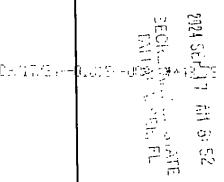
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: MCWRIGHT REA	L ESTATE INC.		
	MBER: P24000049528			
	les of Amendment and fee are su	bmitted for filing.		
Please return all cor	rrespondence concerning this ma	tter to the following:	i	
	HENRY B MCWRIGHT			
		Name of Contact Perso	n	
	PROPERTY SURGEONS H	OME IMPROVEMENTS	INC.	
		Firm/ Company		
	2939 MAJESTIC OAKS LN			
		Address		
	GREEN COVE SPRINGS, F	L 32043	Ì	4.50
		City/ State and Zip Cod	le T	2-3
	INFO@PROPERTYSURGE	ONS.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	tion concerning this matter, pleas	se call:		TATE OF THE PARTY
HENRY MCWRIC	ЭНТ	904 at (886-9999	[T.1
Nan	ne of Contact Person		ode & Daytime Telephone Numbe	r
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
□ \$35-Filing Fee	\$43.75 Filing Fee & Certificate of Status	Filing type & Chiffeitled Cyny Chiffeitled Cyny	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	failing Address	·	Address	
Λ	mandment Section	A men	Iment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MCWRIGHT	REAL	ESTATE INC	

MCWRIGHT REAL ESTATE INC.	
(Name of Corporation as currently filed with the Florida Dep	t. of State)
P24000049528	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	depts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
PROPERTY SURGEONS HOME IMPROVEMENTS INC.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation n "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the namew registered agent and/or the new registered office address; Name of New Registered Agent	SELIKE IT IN SEC. TALLIANS TO FI
(Florida street address)	
New Registered Office Address: (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and accept the obligation	s of the position.
Signature of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

			FX70007 15 20
address of each Office (Attach additional she Please note the officer P = President; V = Vi Executive Officer; CF President, Treasurer, Changes should be no a change, Mike Jones	er and/or rets, if neces r/director ti ce Presider O = Chief l Director we sted in the fo	Director being added: ssary) tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Directo Financial Officer. If an officer/director holds ould be PTD. following manner. Currently John Doe is list	th officer/director being removed and title, name, and by: TR= Trustee; C = Chairman or Clerk; CE() = Chief more than one title, list the first letter of each office held. There is S. These should be noted as John Doe, PT as a Change,
X Change	PT	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address Address
1) Change			
Add X Remove			
2) Change	VP	HENRY B MCWRIGHT IV	2939 MAJESTIC OAKS LN
Add			GREEN COVE SPRINGS, FL 320-
Remove 3) Change		<u> </u>	SECOND TALL
Add			> 1
Remove			
4) Change			
Add			FT 12.52
Remove			

5) ____ Change

____ Add

6) ____ Change

____ Add

____ Remove

____ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
9/10/24 Voted to change the corporate name and to delete the VP.	
	5E
	20 4
F. 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)	an 8 52 CAB ED FI
	mi '
	1
	<u> </u>
	

		P240000495 28
(x,y) = (x,y) + (x,y) + (y,y)	9/10/2024	, if other than the
The date of each amendment(s) ad late this document was signed.	option:	, it outer than the
9/10/	2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the am fileient for approval.	endment(s)
must be separately provided for "The number of votes cast	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment for the amendment(s) was/were sufficient for approval	ng statement nt(s):
by	(voting group)	
selecte	rector, president or other officer / if directors or officers have d, by arr incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary) HENRY B MCWRIGHT III (Typed or printed name of person signing)	other court F F F F F F F F F F F F F F F F F F F
	PRESIDENT	11 62
	(Title of person signing)	1