P9L000100885

(Re	equestor's Name)	-
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	f)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	·)
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Certified Copies	_ Certificates of	status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Home Building Ser	vices, Inc.	
DOCUMENT NU	DOZAGO LAGUES		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all coi	respondence concerning this ma	tter to the following:	
	Robert Sprehe		
		Name of Contact Persor	1
	Home Building Services, Inc.		
		Firm/ Company	
	1010 E. Powhatan Avenue	, .	
		Address	
	Tampa, FL 33604		
		City/ State and Zip Code	e
	hbs.robert.sprehe@gmail.com	1	
		ed for future annual report	notification)
For further informa Robert Sprehe	tion concerning this matter, pleas	se call: at (635-6785
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

Home Building Services, Inc.			
P96000100885	rrently filed with the Florida Dept. of St	ate)	
(Document Num	ber of Corporation (if known)		<u></u>
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corporation</i> adopts th	e following amend	ment(s) t
A. If amending name, enter the new name of the corporatio			
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the a ". A professional corporation name mu P.A."	The note that the most contain the wo	ew " ord
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	NA		
Enter new mailing address, if applicable:		729	
(Mailing address MAY BE A POST OFFICE BOX)	NA	1.0	
		2	الاثنان : ع الاجامان
			<u> </u>
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the	6: 22	`kpen*
Name of New Registered Agent NA	css.		
New Registered Office Address:	street address)		
tegistered Office Address:	(City) Florida_	(Zip Code)	
		(r.ip Code)	
ew Registered Agent's Signature, if changing Registered Age ereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the po	sition.	
Signature of New	Registered Agent, if changing		
eck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)			

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	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u> .	<u>Jones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP,T	Adam Mount	1010 E Powhatan Avenue
X Add			Tampa, FL 33604
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
— 			
Remove 6) Change Add Remove			

	(Be specific)			
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an amendment provides for an exc	hange, reclassification	or cancellation of	issued shares,	
	endment if not contain	ed in the amendme	ent itself:	
provisions for implementing the am				
orovisions for implementing the am (if not applicable, indicate N/A)				
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orovisions for implementing the am (if not applicable, indicate N/A)				

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•	October 1, 2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this ladocument's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
October 2, Dated		
Signature		
(By a c	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	Robert Sprehe	
	(Typed or printed name of person signing)	.
	President	
	(Title of person signing)	