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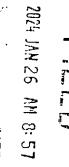
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Andrew Shtnem Name of Contact Person  Firm/ Company  36549 Land Dak Lane Address  Pack Cty 335535  City/ State and Zip Code  Condrew Of Firm/ Contracting Building Address: (to be used for future annual report abdification)  For further information concerning this matter, please call:  Andrew Shtnem Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  State Of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations	NAME OF CORPORA	TION: Daves	Lone Helpe	Serve Inc.
Please return all correspondence concerning this matter to the following:  Andrew Shthem Name of Contact Person  Firm/ Company 36549 Land Oak Land Address Pack Cty Fi. 33535  City/ State and Zip Code  Conderew Caffin Contracting. Build  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew Stthem Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status	DOCUMENT NUMBE	R: P980001	0302	
For further information concerning this matter, please call:  And Stand	The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Firm/ Company  36549 Land Oak, Land  Address  Pack Cty State and Zip Code  City/ State and Zip Code  City/ State and Zip Code  Contracting . Build  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew Street and Zip Code  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certificate Copy (Additional copy is certificate of Status (Additional Copy is enclosed)  Mailing Address Amendment Section  Street Address Amendment Section	Please return all correspo	ndence concerning this ma	tter to the following:	
Firm/ Company  36549 Land Oak, Land  Address  Pack Cty R. 33535  City/ State and Zip Code  Contracting . Build  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew St. 1991 - 7569  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  St. 252.50 Filing Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed)  Mailing Address Amendment Section  Amendment Section		Andr	ew Stither	~
Address Pack Cty FL. 335 15  City/ State and Zip Code  Candraw Caffin M. Contracting. Build  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew Styre Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certificate Opy (Additional copy is enclosed)  Mailing Address Amendment Section  Street Address Amendment Section			Name of Contact Person	n
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew SHM at (2013)  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  D \$35 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy is enclosed)  Mailing Address  Amendment Section  Street Address  Amendment Section				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew SHM at (2013)  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  D \$35 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy is enclosed)  Mailing Address  Amendment Section  Street Address  Amendment Section		3654°	1 Lavel 0	ak, Lane
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew SHM at (2013)  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  D \$35 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy is enclosed)  Mailing Address  Amendment Section  Street Address  Amendment Section	_	Pack	Address  City F.	33525
Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Street Address Amendment Section  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  State:  Street Address Amendment Section				
Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S43.75 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  Certified Copy Certificate of Status  (Additional copy is Certified Copy (Additional Copy is enclosed)  Mailing Address  Amendment Section  Street Address  Amendment Section				991-7569 AD
\$35 Filing Fee				
Certificate of Status  (Additional copy is Certified Copy enclosed)  (Additional Copy is enclosed)  (Additional Copy is enclosed)   Mailing Address Amendment Section  Certificate of Status (Additional Copy is enclosed)	Enclosed is a check for the	ne following amount made	payable to the Florida Dep	artment of State:
Amendment Section Amendment Section	\$35 Filing Fee	_	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
	Amend	ment Section	Ameno	Iment Section

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

to
Articles of Incorporation
Davis Home Helper Service Tingo
(Name of Corporation as currently filed with the Florida Dept. of State)
7980000103021 2024 JAH 26 AM 8:57
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Affinity Contracting Co. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Tamp R 33646
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Tampa FL. 33646
Dit 43197  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  16350 Brua B Downs Blot Unit 4819
(Florida street address)
New Registered Office Address: Tumpa Florida 33646 (City) (City) (Zip Code)
New Registered Agent's Signature if changing Registered Agent

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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.

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)

Remove

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	$\mathcal{L}_{-}$	Andrew Sthan	16350 Bru B Down & Blod. Unit 48197
Add			Blud, Unit 48197
Remove			Tamp R 33646
2) Change			
Add			
Remove Change		<del>-</del>	
Add			
Remove			
4) Change		±	
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary)	). (Be specific)
<del>.</del>	
<u> </u>	
<u> </u>	
<del>-</del>	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· <del>_</del>	

.

The date of each amendment(s) ad	option:			_, if other than the
date this document was signed.	1	_		
Effective date if applicable:	(no more than 90 days ofter a	17	2024	
	(no more than 90 days efter a	imendment file	date)	
Note: If the date inserted in this bluecument's effective date on the De	ock does not meet the applicable statutory partment of State's records.	y filing require	ements, 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 direc	ctors without sl	hareholder action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of v flicient for approval.	otes cast for th	ne amendment(s)	
	roved by the shareholders through voting geach voting group entitled to vote separate			
"The number of votes east t	for the amendment(s) was/were sufficient f	or approval		
by		··		
	(voting group)			
Dated Ja	17 2024	-		
Signature				
	rector, president or other officer - if director	ors or officers	have not been	
	l, by an incorporator – if in the hands of a r			
appoint	ed fiduciary by that fiduciary)			
	Andrew St	than		
-	(Typed or printed name of person	on signing)		
	President			
-	(Title of person signing)			