## P04000151602

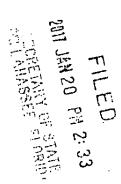
(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PMH HOMES, IN	IC.	
DOCUMENT NUMI			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	PHIL HEUSS		
	**************************************	Name of Contact Person	n
	PMH HOMES, INC.		
		Firm/ Company	
	14705 21ST EAST		
		Address	
	BRADENTON, FL 34212		
		City/ State and Zip Cod	e
phith	euss@msn.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Phil Heuss		at ( 941	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassec, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PMH HOMES, INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P04000151602	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The flaw
"Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the c	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ý
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	stered Agent: I am familiar with and accept the obligations of the position.
Signa	sture of New Registered Agent, if changing

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 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)	Title	Name	Address
1) Change	V	STEPHEN PAUL HEUSS	3074 BRAMPTON TERRACE
X Add			NORTH PORT, FL 34286
Remove			
2) Change	-	and the same and t	
Add			
Remove			***************************************
3) Change			
Add			
Remove			
4) Change	***************************************		*****
Add			+1
Remove			
5) Change	<del> </del>		
Add			
Remove			**************************************
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)		
•		
If an amendment provides for an exchange, reclassification, or cancellar provisions for implementing the amendment if not contained in the am	ion of issued shares,	
(if not applicable, indicate N/A)	endment usen.	

The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	JANUARY 9TH 2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	nent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	JARY 11, 2017	
Dated		
Signature	J".+12-	
	By a director, president or other officer - if directors or officers have not bee	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	urt
	PHIL HEUSS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	