

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: BESTAX ACCOUNTING

Account Number: I20000000255

Phone

: (954)959-9992

Fax Number

: (954) 969-8329

BASIC AMENDMENT

NCT PAINTING SERVICES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$52.50

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Corporate Filing

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· Corrected Deckes 9/19/05

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NCT PAINTING	SERVICES, INC.	
DOCUMENT NUMBER: P02000095603		
The enclosed Articles of Amendment and fee ar	e submitted for filing,	
Please return all correspondence concerning this	matter to the following:	
NESTOR CHERREZ		
(Name of	f Contact Person)	
NCT PAINTING SERVICES, INC.		
(Firm	n/ Company)	
9109 DUPOLT PLACE		
(,	Address)	
WELLINGTON FLORIDA 33414	,	
(City/ Stat	te/ and Zip Code)	
For further information concerning this matter, p	lease call:	
NESTOR CHERREZ	at (954) 242-0429	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:	·	
☐ \$35 Filing Fee	☐ \$45.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporation 409 E. Gaines Streen	rations

Tallahassee, FL 32314

Tallahassee, FL 32399

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Articles of Amendment to Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of State)	
P02000095603	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> dopts the following amendment(s) to its Articles of Incorporation:	ation
NEW CORPORATE NAME (if changing):	
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "CA professional corporation must contain the word "chartered", "professional association," or the abbreviation	o.") "P.A.")
AMENUMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Num and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)	nber(s)
ARTICLE V : DELETED NAME CARLOS IVAN CASTANO : 1952 SW 67 AVE	·
POMPANO BEACH FL 33068	
NDD . DAVID GALDANEZ/TREASURER : 5868 S 37 ST GREEN ACRES FLRIDA 33463	
ADD:CARLOS MORALES/SECRETARY: 1952 SW 67 AVE, POMPANO BEACH FL 33463	05 SE
	<u>~</u>
	Af 0: 0
(Attach additional pages if necessary)	
f an amendment provides for exchange, reclassification, or cancellation of issued shares, pro	ovisions
or implementing the amendment if not contained in the amendment itself: (if not applicable, in	dicate N/A
(continued)	

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 19 day of 52/fember, 2005
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 appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35