# P06000142520

(Requestor's Name)
(ixequestor's Name)
(Address)
(Addiess)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/ZIP/Filloffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

Office Use Only



800212259768

09/23/11--01026--006 \*\*43.75

Amend M

11 OCT | 1 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE FLORID.

MIDAM



September 26, 2011

DHIMITER PAPARUSI SKAMPA PAINTING CO 1308 MAINSAIL DR #925 NAPLES, FL 34114

SUBJECT: SKAMPA PAINTING CO

Ref. Number: P06000142520

We have received your document for SKAMPA PAINTING CO and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please show title for officer/director such as P, V, S, T or D. Officer is not an acceptable title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 311A00022147

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	SKAMPA PAINTING O	00
DOCUMENT NU	MBER:	PO6000142520	<u> </u>
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	DH	IMITER PAPARUSI	
	N	Name of Contact Person	
	SKA	MPA PAINTING CO	
		Firm/ Company	
	1308	MAINSAIL DR #925	
		Address	
		LES, FLORIDA 34114	
	C	ity/ State and Zip Code	
	PAPARUS E-mail address: (to be use	SI@HOTMAIL.COM d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
DHIM	MITER PAPARUSI	at ( 239 ) 2	89-5957
Name	of Contact Person	Area Code & Daytime Te	
Enclosed is a checl	s for the following amount m	nade payable to the Florida Depar	tment of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		□\$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 Clifton Building 2661 Executive Center Circle	le

Tallahassee, FL 32301

### **Articles of Amendment**

#### to **Articles of Incorporation** of

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#### SKAMPA PAINTING CO

(Name of Corporation as currently filed with the Florida Dept

owing

PO6000142520	THASSEE FLORI	TE
(Document Number of Corporati	ion (if known)	UA
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts	the foll
A. If amending name, enter the new name of the corporation	<u>n:</u>	
SKAMPA PAINTING & RENOV		he new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corp	or the poration
B. Enter new principal office address, if applicable:	1345 MARIPOSA CIRCLE #204	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	NAPLES, FLORIDA 34105	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1345 MARIPOSA CIRCLE #204	
	NAPLES, FLORIDA #204	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		
Name of New Registered Agent:	<del></del>	
New Registered Office Address: (Florid	ida street address)	
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A land land land land land land land land	gent: liar with and accept the obligations of the pe	osition.
Signature of New	Registered Agent, if changing	
Digitaliare of them	robinorou rigorii, ij chunging	

## 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, udditional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
v	ALTIN NAZARKO	737 PLANTATION CT MARCO ISLAND, FLORIDA 34145	
(attach a	ling or adding additional Articles, edditional sheets, if necessary). (Be solutional 15% OF MY COMPANY Solutions)	pecific)	ESIDENT
ALTIN NA	ZARKO	· · · · · · · · · · · · · · · · · · ·	
provisi	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)		
PLEASE	SEE ABOVE		
			·

The date of each amendmen	t(s) adoption: <u>09/18/2011</u>
Effective date if applicable:	09/18/2011 (date of adoption is required)
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statemen led 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/wa action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/waction was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 09/	18/2011
(B sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	DHIMITER PAPARUSI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)