

109000094837

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
REFINISHING SUPPLIES EXPORT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$43.75

10 AUG 11 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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8/11/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: REFINISHING SUPPLIES EXPORT, INC.

DOCUMENT NUMBER: P09000094837

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELLE BARINAS

Name of Contact Person

BARINAS & ASSOCIATES, INC

Firm/ Company

5701 NW 36 ST

Address

MIAMI, FL 33166

City/ State and Zip Code

barinasb@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANELLE BARINAS

Name of Contact Person

at (305)

871-0889
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

08/11/2010 01:27 3058709623
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BARINAS & ASSC

PAGE 07/07

8/11/2010 11:56:45 AM PAGE 1/001 Fax Server



August 11, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REFINISHING SUPPLIES EXPORT, INC.
6045 NW 87 AVE STE 2
MIAMI, FL 33178

SUBJECT: REFINISHING SUPPLIES EXPORT, INC.
REF: P09000094837

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H50000180442
Letter Number: 210A00019285

RECEIVED

2010 AUG 11 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

REFINISHING SUPPLIES EXPORT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000094837

(Document Number of Corporation (if known))

APPROVED
AND
FILED
10 AUG 11 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if 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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Glasurit Oriente, C.A</u>	<u>Ave. Venezuela, Sectr Pueblo</u> <u>Nuevo Galoon Puerto la Cruz</u> <u>Estado Anzoategui, Venezuela</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Claudio Dibenedetto</u>	<u>Ave. America Vespucio</u> <u>Res las Marinas Piso #3 Apt 3</u> <u>Lecheria, Edo Anzoategui, VE</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Sec</u>	<u>Sandro Rosati</u>	<u>Ave. America Vespucio</u> <u>Res. Villa Sol. ph torre A # A-102</u> <u>Lecheria, Edo Anzoategui, VE</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Trea</u>	<u>Hairlas Bechra</u>	<u>Ave. Americo Vespucio</u> <u>Res. Villa Sol. P.b. torre A #A-102</u> <u>Lecheria, Edo. Anzoategui, VE</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8/10/2010
(date of adoption is required)

Effective date if applicable: 08/10/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted 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.

Dated 08/10/2010

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)

Danny Ginestra

(Typed or printed name of person signing)

President

(Title of person signing)