## P11000029298

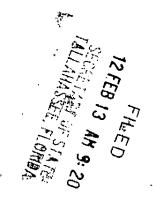
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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FED LA TOTAL CO. MILET AND

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CLASSIC	PAINTING BY RAUL INC		
DOCUMENT NUMBER: P1100002929			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
ANA LORENZO			
	Name of Contact Person		
·	Firm/ Company		
PO BOX 97			
Address			
SUMMERFIELD	FL 34492		
<del></del>	City/ State and Zip Code		
ALORENZO@ALPH	IAANDOMEGAINSURANCE.NET		
E-mail address: (to be u	sed for future annual report notification)		
For further information concerning this matter, plea	ase call:		
ANA LORENZO	at (352 ) 245-0267		
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:		
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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		

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

CLASSIC PAINTING BY	RAUL CORP			
(Name of Corporation as	currently filed with the F	orida Dept. of State)		
P11000029298				
(Documer	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporat	ion adopts the following	amendment(s)
A. If amending name, enter the new na	me of the corporation:			
<b>CLASSIC PAINTING &amp; F</b>	LOORING BY RA	AUL CORP	ń	The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(	Co". A professional co	corporated" or the abb	breviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			AHA SEE	FB 13
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> (		P.O. BOX 97	FLORIDA	FH <sub>B</sub> ED 13 AH <b>9</b> : 20
		SUMMERFIE	ELD FL 34492	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			e name of the	
name of new Registered rigem	3928 SE 58TH A	AVF		
	(Florida stre	<del> </del>	<del></del>	
New Registered Office Address:	OCALA	•	orida_34480	
Hew Registered Office Address.	(City)	, 1 K	(Zip Code)	
New Registered Agent's Signature, if cl hereby accept the appointment as registe		ith and accept the oblig	ations of the position.	

Page 1 of 4

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)

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>	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add Remove		<u>.</u>	
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<del></del>	
6) Change Add Remove			

. <u>ш</u> (а	. If amending or adding additional Articles, enter change(s) here: ( attach additional sheets, if necessary). (Be specific)		
_			
			<del></del>
If p	an amendment provides for an exchang provisions for implementing the amendm (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	

The date of each amendment	t(s) adoption: 02/07/2012
Effective date if applicable:	02/07/2012
Entective date <u>in applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 02/0	07/2012
Signature _	Level Pro
(B se	by a director, president or other officer = if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	RAUL CABRERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)