P14000011195

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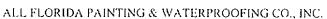
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	NTING & WATERPRO	OOFING CO	D., INC
DOCUMENT NUMBER:	P14000077195			
	· - · ·		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of An		•		
Please return all correspond	ence concerning this matte	r to the following:		
TERESA ELENA QUINOI	NEZ SILVESTRE			
		(Name of Contact Perso	on)	
ALL FLORIDA PAINTING	5 & WATERPROOFING	CO., INC		
		(Firm/ Company)		
1518 NW 21 TERRACE				
:		(Address)		
BOYNTON BEACH, FL. 3	3436			
		(City/ State and Zip Coc	le)	
QUINONEZT05@GMAIL.	СОМ			
T:	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please c	rall:		
TERESA QUINONEZ		at	561	777-9752
	(Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay			
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



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

KILED MICO

ALL FLORIDA PAINTING & WATERPROOFING CO., INC.

nt(s) to

A. If amending name, enter the new n	ame of the corporation:		
N/A			The nev
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional corp	rporated" or the abbreviation or the oration name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		TERESA ELENA QUINONEZ SILVESTRE	
		1518 N.W. 21 TERRACE LOT 567	
		BOYNTON BEACH, F	L. 33436
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent ar new registered agent and/or the ne	id/or registered office ad w registered office addre	dress in Florida, enter the n	ame of the
Name of New Registered Agent	TERESA ELENA QUIN		
	1518 N.W. 21 TERRAC	E LOT 567	
	(Florida s	treet address)	
	BOYNTON BEACH, FL.		, Florida 33436
New Revistered Office Address:		(Citv)	(Zip Code)
New Registered Office Address:		(Cility	,
New Registered Office Address:		(6.97	,,

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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	TERESA ELENA QUINONEZ	1518 N.W. 21 TERRACE
Add			LOT 567
Remove			BOYNTON BEACH, FL. 33436
2) Change			
Add			-
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) N/A	
2. If an amondment must be for an analysis of the second s	
If an amendment provides for an exchange, reclassification, or ca provisions for implementing the amendment if not contained in t	the amendment itself:
(if not applicable, indicate N/A)	
∛A	
	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of volby the shareholders was/were sufficient for approval.	otes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups the separately provided for each voting group entitled to vote separate.	roups. The following statement ly on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	,"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	cholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
08/28/2017 Dated	
Signature (By a director, president or other officer – if director	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	ors or officers have not been eceiver, trustee, or other court
TERESA ELENA QUINONEZ SILVESTR	RE
(Typed or printed name of perso	n signing)
PRESIDENT	
(Title of person sign	ing)