P1400087138

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
	WAIT			
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
L				

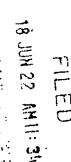
Office Use Only



200314566902

06/22/18--01003--001 ♦+35.00

S TALLENT JUN 2 5 2018



MC

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A.L.L. GENERAL MAINTENANCE CORP DOCUMENT NUMBER: Please return all correspondence concerning this matter to the following: YADIRA VAZQUEZ Name of Contact Person YADIRA'S BOOKKEEPING AND TAX SERVICES INC Firm/ Company 9704 SW 133RD CT Address MIAMI, FL 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person Area Code & Daytime Telepho Enclosed is a check for the following amount made payable to the Florida Department of State:	
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YADIRA VAZQUEZ Name of Contact Person YADIRA'S BOOKKEEPING AND TAX SERVICES INC Firm/ Company 9704 SW 133RD CT Address MIAMI, FL 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Page 1786 329-9057 Name of Contact Person Area Code & Daytime Telepho	
YADIRA VAZQUEZ Name of Contact Person YADIRA'S BOOKKEEPING AND TAX SERVICES INC Firm/ Company 9704 SW 133RD CT Address MIAMI, Ft. 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ at (786) 329-9057 Name of Contact Person Area Code & Daytime Telepho	
Name of Contact Person YADIRA'S BOOKKEEPING AND TAX SERVICES INC Firm/ Company 9704 SW 133RD CT Address MIAMI, FL 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person Area Code & Daytime Telepho	
YADIRA'S BOOKKEEPING AND TAX SERVICES INC Firm/ Company 9704 SW 133RD CT Address MIAMI, Ft. 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person Area Code & Daytime Telepho	
Firm/ Company 9704 SW 133RD CT Address MIAMI, FL 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person Area Code & Daytime Telepho	
9704 SW 133RD CT Address MIAMI, FL 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person Area Code & Daytime Telepho	
Address MIAMI, FL 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ at (786) 329-9057 Name of Contact Person Area Code & Daytime Telepho	
MIAMI, FL 33186 City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person Area Code & Daytime Telepho	
City/ State and Zip Code YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person at (786) 329-9057 Area Code & Daytime Telepho	
YVBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ Name of Contact Person at (786) 329-9057 Area Code & Daytime Telepho	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ at (786) 329-9057 Name of Contact Person Area Code & Daytime Telepho	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YADIRA VAZQUEZ at (786) 329-9057 Name of Contact Person Area Code & Daytime Telepho	
For further information concerning this matter, please call: YADIRA VAZQUEZ at (786) 329-9057 Name of Contact Person Area Code & Daytime Telepho	
	ne Number
S35 Filing Fee Certificate of Status Certif	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

A.L.L GENERAL	MAINTENA	NCE CORP
---------------	----------	----------

(Name of Corporation	n as currently filed with the Florida Dept. of State)	
P14000087138		
(Documer	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen	n(s)
A. If amending name, enter the new name of the corp	poration:	
A.L.L GENERAL PAINTING SERVICES INC	· The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered." "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>		
ii rincipal nyject dadress <u>stoor Dis 7 Ories St. 1900 e</u>		
		<u>m</u>
	(%) (%)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		.i }
(Muning address MAT BE AT OST OTTICE DOS)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida sweet address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. T	am familiar with and accept the obligations of the position.	
Signat	ture 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add	,		
Add Remove			
Kemove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
	- 	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y ma uppactane, materia 1021)		
<u></u>		

The date of each amendment(s) adopti	06/07/2018 on:	, if other than the
date this document was signed.		
06/07/20 Effective date <u>if applicable</u> :	18	
Enective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, nent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amenent for approval.	dment(s)
	d by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	
	ne amendment(s) was/were sufficient for approval	
bv	(voting group)	
,	(voting group)	
	by the board of directors without shareholder action and sha	ıreholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	elder
06/07/2018		
Dated	<u> </u>	
(By a director selected, by	or, president or other officer – if directors or officers have no an incorporator – if in the hands of a receiver, trustee, or off duciary by that fiduciary)	
ALE	BERTO LIMA LARA	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	