## P18000 101561

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2019 JAN 16 PH 4: 05

C. GOLDEN JAN 22 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DNO PAINTING	OF SOUTH FLORIDA INC	
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DENIS ORTIZ		
•	<del>-</del>	Name of Contact Person	1
	DNO PAINTING OF SOUT	H FLORIDA INC	
•	<u> </u>	Firm/ Company	
	4645 GUN CLUB ROAD ST	, ,	
		Address	
	WEST PALM BEACH		
•		City/ State and Zip Cod	e
SAME	ENAMORADO@YAHOO.C	'OM	
		sed for future annual report	notification)
	is man address. (to be a	sea for fatale annual report	Tionine action,
For further information	concerning this matter, plea	se call:	
DENIS ORTIZ		at ( <u>561</u>	
Name of Contact Person at ( Area Code & Daytime Telephon		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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

FILED

DNO PAINTING OF SOUTH FLORIDA INC 2019 JAN 16 PM 4: 05 (Name of Corporation as currently filed with the Florida Dept. of State) P18000101561 (Document Number of Corporation (if known) 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: 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 (Florida street address) New Registered Office 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)

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>	<u>Addres</u> s
1) Change	P	MARIA R SOBALVARRO	85 LANCASTER DR
Add X Remove			GREENACRES FL 33463
2) Change	P	DENIS ORTIZ	85 LANCASTER DR
X Add			GREENACRES FL 33463
3 ) Change			
Remove			
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change			
Add			
Romana			

	(Be specific)				
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	ange, reclassifica	tion, or cancella	ion of issued sha	res,	
f an amendment provides for an exch			endment itself:		
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	rt
"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	
Signature Maria Sobalvarro	
(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)	
Maria Sobalvarro (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
MARIA R SOBALVARRO	
(Title of person signing)	