## P200000 34025

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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AUG 24 2020 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corpor			
NAME OF CORPORA  DOCUMENT NUMBER	ATION: 5.M ER: P 2 00	Remodeling g	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Elovan Am	Name of Contact Person	n Benadelly wolon for P
-	Main Digor	Firm/ Company	1)440041103 61015 601 P
	7000 50	U 235T	
-		Address FL 3.7 City/ State and Zip Cod	3155
-	Sporanny -	City/ State and Zip Cod  Aragon @ Ho  sed for future annual report	trais cory
For further information	concerning this matter, pleas	se call:	
500vang	1 Avagon	at ( 910	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)
	ng Address adment Section	· · · · · · · · · · · · · · · · · · ·	Address Iment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 7, 2020

**GEOVANNY ARAGON** 7000 SW 23 ST 43 MIAMI, FL 33155

SUBJECT: G.M REMODELING&COLORS CORP.

Ref. Number: P20000034025

We have received your document for G.M REMODELING&COLORS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 020A00014881

## Articles of Amendment to Articles of Incorporation

of

6.M Kenodeling	1		COLP			
	ration as currently	filed	with the Floric	a Dept. of S	tate)	
P 2 00 0 00	34025					
(De	ocument Number of	Corpo	ration (if know	n)		
tursuant to the provisions of section 607.1006, Flos Articles of Incorporation:	orida Statutes, this I	lorida	Profit Corpore	ution adopts t	he following a	mendment(s)
. If amending name, enter the new name of the						
<b>あ。内</b> ame must be distinguishable and contain the word	Painting	3	601005	CONP.	T	he new
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," ", chartered," "professional association," or the a	Inc," or "Co". A	ompan profe:	y," or "incorpo ssional corpore	rated" or the ution name r	abbreviation ' nust contain t	"Corp.," he word
3. Enter new principal office address, if applications of the principal office address MUST BE A STREET.						
					<u>اح</u>	<del></del>
						•
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: BOX)					•
		_				
			<del></del>	<del></del>		
				<del></del>	<del></del>	_2_
<ol> <li>If amending the registered agent and/or reg new registered agent and/or the new register</li> </ol>			Florida, enter	the name of	<u>the</u>	0
Name of New Registered Agent						
	(Florida stre	et addr	ress)			
New Registered Office Address:				, Flori	ida	<del></del>
	(	City)			(Zip Coa	(e)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered age		ith and	d accept the obl	igations of th	e position.	
	Signature of New Re	gistere	d Agent, if cha	nging		
Check if applicable	<b>-</b>	-				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 <math>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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change			 <del></del>	<u>.</u>	
Add					
Remove 3) Change					
Add					
Remove					
4) Change			 		
Add					
Remove					
5) Change		<u> </u>	 		
Add					
Remove					
6) Change					
Add					
Remove					

mending or adding additional Arti- ach additional sheets, if necessary).	(Be specific)
,	
	<del></del>
	<u> </u>
rovisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del></del>

The date of each amendment(s) adoption: $6 f/9/2020$ if other than t
date this document was signed.
Effective date if applicable: 06 / 19 / 20 人 ව
Effective date if applicable: 06/19/20人の (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
by"  (voting group)
Signature 6/19 horo  (By a director, president or other officer – if directors or officers have not been
Signature Eleviny Arajo-i
(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)
appointed inductary by that inductary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)