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Division of Corporations

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From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I2004000007 Phone

Fax Number

: (305)640-0281 : (305)489-2902

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN SYWAY STRIPING CORP

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SYWAY STRIPING CORP DOCUMENT NUMBER: P20000075549 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YASIEL RUDA Name of Contact Person SYWAY STRIPING CORP Firm/Company 65 W 28TH ST APT4 Address HIALEAH FL 33010 City/ State and Zip Code GAIL.LAXMYSCARRIER@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAXMY CHACON Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee ☐\$43.75 Filing Fcc & ☐S43.75 Filing Fcc & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Articles of Amendment to Articles of Incorporation of

| SYWAY STRIPING CORP | | | |
|---|---|---------------|------------------|
| (Name of Corporation as current) | y filed with the Florida Dept. of State) | | |
| P20000075549 | | | |
| (Document Number of | f Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation: | Florida Profit Corporation adopts the followin | ig amendme | eni(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| SKYWAY STRIPING CORP | | The new | , |
| name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | I professional corporation name must contai | оп "Corp.," | , |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | 1 |
| | | | ÷;;; |
| | | 177 | 2 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | . : - |
| | | 2.7 | |
| | | | - 1 |
| | | | |
| D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: | ress in Florida, enter the name of the | -, | · |
| Name of New Registered Agent | | _ | |
| | | | |
| (Florida str | eet 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 w | i with and accept the obligations of the position. | | |
| | | _ | |
| Signature of New Re | egistered Agent, if changing | | |
| Check if applicable | | | |

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 = ChiefExecutive 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 o change, Mike Jones leaves the corporation, Sully 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>PU</u> | Juhn 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 |
| !) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | - | _ |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| ttach addi | itional sheets, | additional Art if necessary). | (Be specifi | c) | | | | |
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| If an amai | ndmunt nrov | ides for an ex | change, recla | ssification. | r cancellatio | n of issued sl | iares, | |
| provision | ns for japplen | enting the ar | nendment if 1 | not contained | i in the amen | dment itself: | • | |
| (if no | ot applicable, | indicate N/A) | | | | | | |
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| | 09/29/2020 | |
|--|---|---|
| The date of each amendment date this document was signed | | , if other than the |
| _ | 09/29/2020 | |
| Effective date if applicable: | (no more than 90 days after ame | endment file date) |
| | his block does not meet the applicable statutory file Department of State's records. | iling requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators, or board of director | rs without shareholder action and shareholder |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of vote ere sufficient for approval. | es cast for the amendment(s) |
| ☐ The amendment(s) was/wei must be separately provide | e approved by the shareholders through voting group of for each voting group entitled to vote separately. | ups. The following statement on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for | approval |
| by | | , n |
| , | (voting group) | |
| 09/29/ | 2020 | |
| Dated | 12 | |
| Signature | Kunl | |
| (B | v a director, president or other officer - if directors | or officers have not been |
| | lected, by an incorporator – if in the hands of a recorpointed fiduciary by that fiduciary) | eiver, trustee, or other court |
| ~ { | YASIEL RUDA | |
| | (Typed or printed name of person | signing) |
| | PRESIDENT | |
| | (Title of person signing) | |