P21000080281

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Patriot Knight Painting & Stain ELC P21000080281 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher A Knight Name of Contact Person Patriot Knight Painting & Stain Firm/ Company 9660 Valerie St Address Jacksonville Florida 32208 City/ State and Zip Code chrisknight0769@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 651-2887

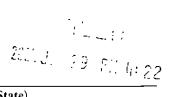
Area Code & Daytime Telephone Number Rayna Gaines Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of



ratriot Knight rainting & Stain	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P21000080281	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Co", " or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	vet 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 v	ith and accept the obligations of the position.
Signature of New Ro	egistered Agent, if changing
, ,	

Check if applicable

☐ 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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		Rayna L Gaines	9660 Valerie St
X Add				Jacksonville Fl 32208
Remove				
2) Change		_		
Add				
Remove 3) Remove		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				
KUIROVU				

ttach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_
7 - 10 - 10 day 1 - 10 day		-
	_	_
		_
	•	_

The date of each	amendment(s) ado	option:, if other than
date this document		
Effective date <u>if a</u>	pplicable:	
		(no more than 90 days after amendment file date)
		ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Ame	ndment(s)	(<u>CHECK ONE</u>)
The amendmen action was not r		ted by the incorporators, or board of directors without shareholder action and shareholder
	t(s) was/were adopt ders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
		oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The num	ber of votes east fo	r the amendment(s) was/were sufficient for approval
by		
		(voting group)
	(By a dire selected, appointed	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) hris A Knight
		(Typed or printed name of person signing)
	0	wner A

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Patriot Knight Pair	nting & Stain LLC	
DOCUMENT NUM			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Christopher A Knight		
		Name of Contact Perso	n
	Patriot Knight Painting & Sta	iin	
		Firm/ Company	
	9660 Valerie St	. ,	
	<u> </u>	Address	
	Jacksonville Florida 32208		
	<u> </u>	City/ State and Zip Cod	e
	chrisknight0769@gmail.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Rayna Gaines		at (904	651-2887
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ition of Corporations Box 6327 It hassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2021, J. 29 7" 1: 22

(Name of Cornor	ation as currently filed with the	Floride Dont of State)
P21000080281	ation as currently filed will the	Florida Dept. 01 State)
(Doc	cument Number of Corporation (if	`known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:		·
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the above	nc." or "Co". A professional c	The new neorporated" or the abbreviation "Corp.," orporation name must contain the word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ble: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
D. If amending the registered agent and/or regis	stered office address in Florida,	enter the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(* * * * * * * * * * * * * * * * * * *	5 1
register en Office Audress.	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept ti	he obligations of the position.
Sig	gnature of New Registered Agent, i	if changing
Check if applicable		,

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 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:

A_Change	<u>P1</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
I) Change	VP	Rayna L Gaines	9660 Valerie St
X Add			Jacksonville Fl 32208
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if necessar	y). (Be specific)			
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f an amendment provides for an ex	cchange, reclassificati	on, or cancellation o	of issued shares.	
brosions ion imbiguighting the at	menament II not conta	ined in the amendr	nent itself:	
(if not applicable, indicate N/A)		·	<u>-</u>	
				
				

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The date of each amendment(s) adoption date this document was signed.	:, if other that
Effective date if applicable:	
таррисане.	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed and of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved b must be separately provided for each vo	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
	mendment(s) was/were sufficient for approval
by _	"
	(voting group)
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
Chris A	•
	(Typed or printed name of person signing)
Owner	Ow. 1er
	(Title of person signing)

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