48903

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Dusiness Lifety Name) | | | | |
| //No and No and No | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER ...

| TO: Amendment S Division of C | | · | | |
|--|--|---|---|--|
| NAME OF CORE | PORATION: BRIGHT | BRASS 8 | tetal PAINTING, 1 | |
| DOCUMENT NU | MBER: <u>\\\4890</u> | 3 | | |
| The enclosed Artic | eles of Amendment and fee a | re submitted for filing. | | |
| Please return all co | orrespondence concerning thi | s matter to the following: | | |
| | Oswaldon | JIMENET ame of Contact Person | | |
| - | BRIGHT BRASI | Y METAL PAIN Firm/Company | UTING, Co. | |
| | 10950 NW | 138th Street, | Suite 5 | |
| | Hialeah G | ardens, FL 33 ity/State and Zip Code | 018 | |
| | bright brass | Doright brass. How future annual report notification) | Com | |
| For further informa | ation concerning this matter, | please call: | | |
| | Jimehez- of Contact Person | at (305) 231- Area Code & Daytime Tel | | |
| Enclosed is a check | c for the following amount m | ade payable to the Florida Depart | tment of State: | |
| □ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | | Street Address | | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | |
| P.O. Box 6327 | | Clifton Building | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circl | e | |

Tallahassee, FL 32301

| | <u> </u> |
|--|--|
| Articles of Am | endment 20 11 |
| to | Or E |
| Articles of Inco | rporation |
| of | AHERON PAL |
| BRIGHT BRASS & META | rporation ASICALIANTING Co. SECONS |
| (Name of Corporation as currently filed with t | he Florida Dept. of State) |
| V48903 | |
| (Document Number of Corporation | on (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | <u>:</u> |
| | The new |
| name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa | rp," "Inc," or "Co". A professional corporation |
| 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 MAY BE A POST OFFICE BOX) | |
| | |
| | |
| D. If any adjust the majetaned and and any interest of the | addussa in Flanida, autom the name of the |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add | |
| <u> </u> | - J |

Name of New Registered Agent:

New Registered Office Address:

C.

D.

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

10950 NW 138th Street, Ste 5
(Florida street address)

Hialcah Gardens, Florida 330/8
(City) (Zip Code)

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)

| <u>Title</u> | Name | <u>Address</u> | Type of Acti |
|--------------|--|--|-------------------|
| -President | ANA I. JIHENEZ | 2700 SW 130 Terrace Davie, FL 33330 | Add Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter ional sheets, if necessary). (Be specif | | |
| | | | |
| | | | **** |
| F If an amen | dment provides for an exchange, reci | assification or cancellation of iss | ied chares |
| provisions | for implementing the amendment if a pplicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adopti | on: 10 20 2011 |
|---|---|
| *************************************** | (date of adoption is required) |
| Effective date if applicable: (no more | than 90 days after amendment file date) |
| (No into E | man 20 days after amenament five acres |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the amendment(s) ent for approval. |
| | d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the | e amendment(s) was/were sufficient for approval |
| by | ••• |
| (voting gr | roup) |
| The amendment(s) was/were adopted action was not required. | by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopted action was not required. | by the incorporators without shareholder action and shareholder |
| Dated 10 20 | 2011 |
| | president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court |
| | iciary by that fiduciary) |
| | Swaldo JimeNET (Typed or printed name of person signing) |
| | resident Title of person signing) |