## F99079

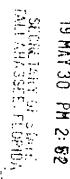
(Re	equestor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: A & B Paint & Sho	op. me.	
DOCUMENT NUMBE			
	Amendment and fee are su	abmitted for filing.	
Please return all correspo	ondence concerning this ma	itter to the following:	
N	ancy B. Gonzalez		
_		Name of Contact Person	n
Ĺ;	aw Offices of N. Betty Gon	ızalez, P.A.	
_		Firm/ Company	<u>-</u>
21	151 S Le Jeune Rd., Ste 200	)	
_		Address	
C	oral Gables, FL 33134		
_		City/ State and Zip Cod	e
nbetty@	inbg-law.net		
	E-mail address: (to be ur	sed for future annual report	notification)
For further information c Nancy B Gonzalez	oncerning this matter, pleas		428-4800
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	he following amount made p		
S35 Filing Fee	S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Address

## Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as currently filed with the	Florida Dept. of State)
F99079		
<u> </u>	(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Co	orporation adopts the following amendment(s)
. If amending name, enter the new n	ame of the corporation:	
		The new
ame must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	stain the word "corporation," "company," nation "Corp," "Inc," or "Co". A professi ation," or the abbreviation "P.A."	or "incorporated" or the abbreviation ional corporation name must contain the
i. <u>Enter new principal office address.</u> Principal office address <u>MUST BE A S</u>	if applicable: STREET ADDRESS )	
Enter new mailing address, if app (Mailing address MAY BE A POST	licable: OFFICE BOX)	19 HA
. If amending the registered agent a new registered agent and/or the ne	nd/or registered office address in Florida, e w registered office address:	enter the name of the
	David Chong	
Name of New Registered Agent	142 SW 5th Avenue	4 AU
	(Florida street address)	
New Registered Office Address:	(Florida street address) Homestead	Florida 33030 (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)

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	PT	John Doc	
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	PD	Philip P. Spinella	142 SW 5th Ave
Add			Homestead, FL 33030
x Remove			
2) Change	P,S,D	Lilian R. DeJongh	142 SW 5th Street
X Add			Homestead, FL 33030
Remove	VP,D	David Chong	142 SW 5th Street
3 ) Change	41,17		<del></del>
X Ađd			Homestead, FL 33030
Remove			
4) Change		_	———— <del>—————————————————————————————————</del>
Add			
Remove			MAY 30
5) Change		_	
Add			
Remove			- 100 20 20 20 20 20 20 20 20 20 20 20 20 2
6) Change	<del></del>		<u> </u>
Add			<del></del>
Remove			

Page 2 of 4

Attach additional sheets, if necessary). (Be specific)		
<del></del>		
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	£.7	MAY
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	52	C)
provisions for implementing the amendment if not contained in the amendment itself:		C
(if not applicable, indicate N/A)	.,	PH
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	— <del>3</del> £	<del>'গ্ৰ</del>
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The date of each amendment(s) adoption:	if other than t <b>h</b> e
date this document was signed.	
Effective date if applicable:	
(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 will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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"	
(voting group)	<u>.</u>
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder.	T T
	S O
Dated 5/21/2019	: !!! 
Signature Pull fi Spulle J  (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)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	