GB4273

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





100351342371

09/03/20--01015--011 **35.00

OCT 1 % 2020



COVER LETTER

TO: Amendment Section

Division of Corporations

APOLLO PAINTING, INC. NAME OF CORPORATION: _ DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIO TRAVLOS Name of Contact Person APOLLO PAINTING, INC. Firm/ Company 269 PARK AVENUE Address LONGWOOD, FL 32750 City/ State and Zip Code MARIO@APOLLOPAINTINGING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIO TRAVLOS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Taliahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

APOLLO PAINTING, INC.

(<u>Name of</u>	Corporation as currently	filed with the Florida	a Dept. of State)	
G84273				
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corpora	tion adopts the follo	wing amendment(s) to
A. If amending name, enter the new nar	me of the corporation:			The new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	orp, "The," or "Co". A	ompany," or "incorpor professional corpora	rated" or the abbrevi tion name must con	iation "Corp.,"
B. Enter new principal office address, it (Principal office address MUST BE A ST		 		
				202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				SE?
				ယ
			- ····	——————————————————————————————————————
D. If amending the registered agent and new registered agent and/or the new			he name of the	00
Name of New Registered Agent	MARIO TRAVLOS			
_	tFlorida stre			_
New Registered Office Address:	269 PARK AVENUE, I	.ONGWOOD City)	, Florida	150 Lip Code)
	,	C II, I	"	лр Сошет
New Registered Agent's Signature, if ch	anging Registered Agent:			
I hereby accept the appointment as register	red agent. I am familiar w	ith and accept the oblig	gations of the positio	<i>)Η</i> .
	Jamo Junt		>	
	Signdture of New Re	gistered Agent, if chan	ging — —	
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)

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	<u>PT</u> Joh	ın Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	KATHYLENE TRAVLOS	159 OAK GROVE CIRCLE
Add			LAKE MARY, FL 32746
X Remove			
2) Change	P	MARIO TRAVLOS	269 PARK AVENUE
X Add			LONGWOOD, FL 32750
Remove 3) Change		VASILIOS TRAVLOS	269 PARK AVENUE
X_Add			LONGWOOD, FL 32750
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
f) Change			
Add			
Remove			

E. If amending or adding additional A	a titeles, enter Change(s) here.
(Attach additional sheets, if necessary). (Be specific)
	
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	·
_	
-	
·	The state of the s
. It an amendment provides for an ex	schange, reclassification, or cancellation of issued shares,
provisions for implementing the ai	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-1-4-	
·	

	option:	, if other than t
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder a	ection and shareholder
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes east for the amendme fficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president of other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other ced fiduciary by that fiduciary)	
	Mario Travos (Typed or printed name of person signing)	
	(Title of person signing)	