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## **COVER-LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: LOFT PAINTING OF DECURATING INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person LOFT PAINTING SO DECURATING INC 1126 SOLANA AVE Address WINIER PANK I'C 32789 City/ State and Zip Code PAVIOLOFT @ LOFT PAINTING DECURATING COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 321 ) 436, 2390

Area Code & Daytime Telephone Number 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

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## Articles of Amendment Articles of Incorporation

PILED
2021 SEP 17 PM12 00

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

nt(s) to

	orporation:	The nev
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association." or the abbre	" or "Co". A professional cor,	orporated" or the abbreviation "Corp.,
B. <u>Enter new principal office address,</u> if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
new registered agent and/or the new registered		ter the name of the
		ter the name of the
new registered agent and/or the new registered		ter the name of the
Name of New Registered Agent	office address:	. Florida
new registered agent and/or the new registered  Name of New Registered Agent	(Florida street address)  (City)	Florida (Zip Code)

Check if applicable

☐ The amendment(s) is/are being tiled 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	CHRISTOPHER LOFT	1126 SOLANA AU
Add			WINITA PARK FL 3278
Remove			
2) Change			<del></del>
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

(Attach ada	g or adding additional Articles itional sheets, if necessary). (I	Be specific)			
		-			
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lf an ame	dment provides for an exchan	ge reclassification o	r cancellation of issu	ied shares.	
nrovisior	for implementing the amendr	ment if not contained	in the amendment i	tself:	
(if no	applicable, indicate N/A)	nem ii not comunica		<del></del>	
(9 //0	in processor, mineral control,				
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The date of each amendment(s) ac	loption:	9-1-2	<u> </u>	, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :	(in a manual	than 90 days after ame	da	<del></del>
	(no more i	ınan 90 aays ajier ame	nameni jile dale)	
<b>Note:</b> If the date inserted in this b document's effective date on the De			iling requirements, this da	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE	(.)		
☐ The amendment(s) was/were add action was not required.	opted by the incorporator	ors, or board of director	rs without shareholder acti	on and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholder flicient for approval.	rs. The number of vote	es cast for the amendment	(s)
☐ The amendment(s) was/were app must be separately provided for				ent
"The number of votes cast	for the amendment(s) w	vas/were sufficient for	approval	
by				
-,	(voting group)		<del></del>	
(By a di selected	d, by an incorporator – i led fiduciary by that fidu	er officer – if directors if in the hands of a reco uciary)	or officers have not been civer, trustee, or other cou	rı
	(Typed or pr	rinted name of person	signing)	
	PACSIDEN	rson signing)		
	(Title of per	son signing)		