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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HUT-PRO PAIN	TING SERVICES INC				
DOCUMENT NUM	P00000113103					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corre	spondence concerning this ma	tter to the following:				
	DARLEY LIMA					
	·-	Name of Contact Person	n			
	TAX CONTROLLER,INC					
		Firm/ Company				
	750 E.SAMPLE RD - BLGD	3 - BAY 5				
		Address				
	POMPANO BEACH,FL 33064					
		City/ State and Zip Cod	e			
	kablanpainting@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatic	on concerning this matter, pleas	se call:at (301-1848			
Name	of Contact Person	at (Area Co) de & Daytime Telephone Number			
	or the following amount made		·			
S35 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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 f	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Ft. 32303			

Articles of Amendment to Articles of Incorporation of

HUT-PRO PAINTING SERVICES INC			
(Name of Corporati	on as currently filed with the Flor	ida Dept. of State)	
P00000113103			
(Досиг	ment Number of Corporation (if known	wn)	
dursuant to the provisions of section 607.1006, Florida is Articles of Incorporation;	a Statutes, this <i>Florida Profit Corpo</i>	ration adopts the followi	ng amendment(s
. If amending name, enter the new name of the co	orporation:		
KABLAN PAITING,CORP			The new
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 corpo	porated" or the abbreviat ration name must conto	ion "Corp.," iin the word
Enter new principal office address, if applicable			
Principal office address <u>MUST BE A STREET ADI</u>	<u>DKESS</u>)		
			<u>_</u>
		· · · · · · · · · · · · · · · · · · ·	-
Enter new mailing address, if applicable:	A.V.		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
			•
 If amending the registered agent and/or registered new registered agent and/or the new registered. 		the name of the	
			,-'
Name of New Registered Agent			-
	·····		
	(Florida street address)		·· []
New Registered Office Address:		, Florida	<u> </u>
	(Ciţy)	(Zip	Code)
iew Registered Agent's Signature, if changing Reg	iistorad Agant		
hereby accept the appointment as registered agent.	Lam familiar with and accept the ol	bligations of the position.	
	234 15 1 1 1 1 1 1 1 1 1 1		_
Sign	ature of New Registered Agent, if ch	anging	
Theck 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>	<u>John Doe</u>		
X Remove	\underline{V}	Mike Jones		
X Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		·		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				_
Add				-
Remove				
5) Change		· · · · · · · · · · · · · · · · · · ·	- <u> </u>	
Add				
Remove				
6) Change				
Add				
Remove				

(Attach addi	tional sheets, if	f necessary).	les, enter chan (Be specific)				
		•					
							
		.					
					·		
							
						·	
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If an ameno	dment provide	s for an eycha	mae reelassifia	ation areanc	ellation of issue	d charec	
<u>provisions</u>	for implemen	ting the amen	dment if not co	ntained in the	amendment its	elf:	
(if not	applicable, ind	licate N/A)					
						··	
				- • · · · · · · · · · · · · · · · · · · 			
					-		
		<u> </u>				=	

The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amend sufficient for approval.	lment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendments	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(Chang group)	
02/26/2 Dated	021	
Signature	= Lu_/	
(By a select	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	EDSON A INACIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	