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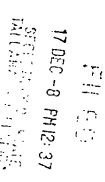
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COVER LETTER

TO: Amendment Section

Division of Corporations

Master Atrist Faux Painting Corp. 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: Anthony Mignano Name of Contact Person master artist faux painting corp Firm/ Company 5211 west hillsboro blvd, unit 208 Address Coconut Creek, Florida 33073 City/ State and Zip Code ColorBackPaverPros@Gmail.Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony Mignano Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314. 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

FILED

,	Articles of Am to	endment	FILE	<u>.</u> :	
	Articles of Inco	rporation			
,	of	17	DEC -8 PI	112:37	
Master Artist Faux Painting Corp.			<u> </u>		
(Name o	f Corporation as currently	filed with the	e Plorida Deji	t. of State)	
P01000009334					
-	(Document Number of C	Corporation (i	Eknown)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	lorida Profit	Corporation a	dopts the follo	owing amendment(s) t
A. If amending name, enter the new na	me of the corporation:				
ColorBack Products Corp.					The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "C	o". A profes .A."	ssional corpor	orated" or to ation name n	he abbreviation rust contain the
B. Enter new principal office address,		1734 Aveni	da Del Sol		
(Principal office address <u>MUST BE A S</u>	<u>[REET ADDRESS</u>)	Boca Raton	Florida 33432	<u>)</u>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C					- <u>-</u> .
				· · · · · ·	
				,	
D. If amending the registered agent an	d/or registered office addre	<u>ss in Florida</u>	enter the na	me of the	
new registered agent and/or the new	v registered office address:				
Name of New Registered Agent	n/a				
	(Florida stree	rt address)			
	n/a				
<u>New Registered Office Address:</u>		uv)		_, Florida	(Zip Code)
		- 1,71			(my com)
New Registered Agent's Signature, if cl	nanging Registered Agent:				
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept	the obligation	is of the posit	ion.
	Signature of New Reg	vistered Agen	nt if changing		
	September 19 1 to 1 to 1	and the second of the second o	er in a commentation		

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	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	n/a	_	
Add			
Remove			
2) Change	n/a		
Add			
Remove		· · I	
3) Change	n/a		
Add		i I	
Remove			
4) Change	n/a		
Add			
Remove			
	n/a		
5) Change		_	
Add			
Remove			·
6) Change	n/a		
Add			
Remove			

F. Hamending or adding additional Art	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
n/a	
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F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
n/a	
iva .	
<u>.</u>	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
n/a		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendration for approval.	nent(s)
	roved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and share pted by the incorporators without shareholder action and sharehold	
action was not required.		
11,29,.17 Dated	A de Ma	
selected	rector, president or other officer if directors or officers have not by an incorporator if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	
	Anthony Mignano	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	
	1	
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