P03000075459

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Amend, 11/10/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANDREW LALOR INC				
DOCUMENT NUMBER: P03000075459				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ANDEW LALDE Name of Contact Person				
ANDREW LAWR INC Firm/Company				
10197 TRAMORE AVE Address				
ENGLEWOOD FL 34924 City/ State and Zip Code				
LALOR PAINTING AT G MATL E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ANDREW LALOR at (941) 270 (338) Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$\bigcup \\$35 \text{ Filing Fee & Certificate of Status} \Bigcup \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)} \Bigcup \\$52.50 \text{ Filing Fee & Certificate of Status (Additional copy is enclosed)} \Bigcup \\$60 \Bigcup \\$52.50 \text{ Filing Fee & Certificate of Status (Additional Copy is enclosed)} \Bigcup \\$70 \Bigcup \Bigcup \\$70 \Bigcup \Bigcu				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TO THE O

ANDREW LALDR, INC.

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

ANDREW LALDR, INC.) PD3000075459

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

me must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "prof	designation "Corp," "Inc,'	or "Co". A professional corporati
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
	egistered office address in	Florida, enter the name of the
If amending the registered agent and/or renew registered agent and/or the new regis		
new registered agent and/or the new regis		

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)

<u>Tit</u>	<u>Name</u>	Address	Type of Action
5	Dolors MJ	ctte 5446 Rile Port Charlot	Add Remove
			☐ Add ☐ Remove
	<u> </u>		
	If amending or adding additional Art attach additional sheets, if necessary).		
	lease add Dolor Pecatap + 1020 F Andrew Lal		ove) as harchilder)
	If an amendment provides for an exp provisions for implementing the ame		
	(if not applicable, indicate N/A)		
		:	

The date of each amendment(s) adoption: DET 17 2011
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	c approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	"
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	7 17 2011
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
ı	AVDREW LALDE (Typed or printed name of person signing)
	May Lela P