P03000153951

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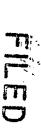


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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	O&D IMPERIAL PAINTING AND MORE INC	
DOCUMENT NUMBER:	P03000153951	
The enclosed Articles of Amendme	ent and fee are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
	OSCAR CAMACHO	
	Name of Contact Person	
	Firm/ Company	
2523 BYRON ST		
Address		
	ORLANDO, FL. 32817	
	City/ State and Zip Code	
E-mail addi	ELYTAX@AOL.COM ress: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
OSCAR CAMACH	at (407) 485-5639 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Certificate of		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

£ 2000 .	ILED
TALLAHASSEE	FLORIDA

O&D IMPERIAL PAINTING AND MORE INC

 $(\underline{Name\ of\ Corporation\ as\ currently\ filed\ with\ the\ Florida\ Dept.\ of\ State})$

P03000153951

(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:

	IG AND RECONSTRU	CTION INC	The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation " $ ilde{C}$ orp," "Inc,"	or "Co". A profession	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>		
D. If amending the registered agent and/or renew registered agent and/or the new regis		Florida, enter the name	e of the
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	(Florida street ad	dress)	
	(Florida street add	dress), Florida (Zip Code)	

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>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	ALFONSO D. ROMERO	2523 BYRON ST ORLANDO, FL. 32817	
(attach aa	lditional sheets, if necessary). (Be spe	ecific)	
<u>provisio</u>	nendment provides for an exchange, roms for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendme	f issued shares, ent itself:
			

The date of each amendmen	t(s) adoption: <u>08</u>	3/19/2009
Effective date <u>if applicable</u> :	08/24/2009	(date of adoption is required)
	(no more than S	00 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by	(voting group)	."
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
action was not required. Dated 08/2 Signature	20/2009	lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
	(Ту	ped or printed name of person signing)
	(Tielo a	PRESIDENT
	(Title o	f person signing)