

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BILL SIMMONS	PAINTING, INC	
	BER: P04000003783		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ELVIE SIMMONS		
		Name of Contact Person	1
	<u> </u>	Firm/ Company	
	13888 MATANZAS DR		
	FORT MYERS,FL 33905	Address	
		City/ State and Zip Code	e
	E-mail address: (to be usen concerning this matter, pleas	sed for future annual report	notification)
ELVIE SIMMONS		at ( <sup>239</sup>	693-6848
Name (	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment of State:
□ \$35 Filing Fee	S43.75 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the Florida BILL SIMMONS PAINTING, INC  (Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	
	TALLAHASSEE FLORIGA
tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> s Articles of Incorporation:	
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "inc "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional convord "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	
<del></del>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the
Name of New Registered Agent	
(Florida street address)	
(Florida street address)  New Registered Office Address:	, Florida

## 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D	_	DEVIN SIMMONS	13888 MATANZAS DR
X Add				FORT MYERS.FL 33905
Remove				
2) Change		_		
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change		_		
Add				Section 1
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		<del></del>
Remove				
Kemove				

ttach additional	sheets, if necessary). (Be specific)		
NA			<u> </u>
1			* "
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an amendment	provides for an exchange, reclassific	ation, or cancellation of i	ssued shares,
cit not applic	plementing the amendment if not coable, indicate N/A)	ntained in the amendmen	it itself:
	,		
NA			
r			
		•	
			<u> </u>

The date of each amendment(s) adoption:	, if other than the
effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
MARCH 27,2019 Dated	
Signature Elne Simmons	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ELVIE SIMMONS	
(Typed or printed name of person signing)	17
SECRETARY	
(Title of person signing)	· · · · · ·

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