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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PAIN	TING BROTHERS INC
DOCUMENT NUMBER: P0400006	3489
The enclosed <i>Articles of Amendment</i> ar	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	FLOR MEDA
	(Name of Contact Person)
	(Firm/ Company)
	77 GRIGGS AVE (Address)
CA	, ,
CA	SSELBERRY, FL 32707 (City/ State and Zip Code)
For further information concerning this	matter, please call:
FLOR MEDA (Name of Contact Person)	at (407) 209-8079 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	nount:
□\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2006

FLORA MEDA 77 GRIGGS AVE CASSLEBERRY, FL 32707

SUBJECT: PAINTING BROTHERS INC

Ref. Number: P04000063489

We have received your document for PAINTING BROTHERS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist

Letter Number: 406A00041677

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LUN OF COMPONSIONS

Articles of Amendment to **Articles of Incorporation**

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	Articles of An	nenument	0 -
	Articles of Inc	orporation	US Alla
	of	•	TALECRO
	PAINTING BRO	THERS INC	ANAR
(Name of		ed with the Florida Dept. of Stat	e) '3,5%
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	P0400006	3489	•
	(Document number of co	······································	
			
uant to the provisions of so ts the following amendme		la Statutes, this <i>Florida Pr</i> Incorporation:	ofit Corporation
V CORPORATE NAME	(if changing):		
			
t contain the word "corporation	n," "company," or "incorpora	ated" or the abbreviation "Corp.	," "Inc.," or "Co.")
		"professional association," or th	
ENDMENTS ADOPTED	D- (OTHER THAN NA	AME CHANGE) Indicate	Article Number(s)
or Article Title(s) being ar			
TICLE VII ADD TH	IE FOLLOWING	OFFICER	
TIOLE VII ADD TIT	IL I OLLOWING	OTTIOLIX	
D: RONNIE MEDA			
77 GRIGGS AVE	E		
77 01110007171	· · · · · · · · · · · · · · · · · · ·		
CASSELBERRY,	, FL 32707		
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	(Attach additional pa	ages if necessary)	
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		ion, or cancellation of issu the amendment itself: (if no	
implementing the amenum	, ion to tomamed in	the amendment usen. (II no	л аррисаоте, пинсате г

(continued)

The date of adoption of the amendment(s) was:
Effective date if applicable: 6\13\06
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cas for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Flor Meda
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35