PC4000119434

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	CARRERO PAIN	TING INC	
DOCUMENT NUM	P04000119434 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LUIS TORRES		
		Name of Contact Person	1
	1107 STRAITON AVE	Firm/ Company	
-	GROVELAND, FL 34736	Address	
		City/ State and Zip Code	9
CAR	REROPAINTING@AOL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
LUIS TORRES		352 at (227-8044
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	riment of State:
□ \$35 Filing Fee	■\$43.75 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)
Ame Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CARRERO PAINTING INC	
(Name of Corporation as current PO4000119434	tly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ACC II
	1 No. 11
•	7/10
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u>ින්න වි</u> සාල්ක්ෂ
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
,	, 5 j
Signature of New	Registered Agent, if changing
organizate of treat	more and a second of a comment of

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.

X Change	PT Jol	nn Doe	
X Remove	<u>V</u> <u>M</u> i	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	YESICA TORRES	1107 STRATTON AVE
Add		***	GROVELAND, FL34736
X Remove			
2) Change	VP	LUIS TORRES	1107 STRAITON AVE
X Add			GROVELAND, FL34736
Remove			
3) Change	P	MARGARITA TORRES	1107 STRAFTON AVE
X Add			GROVELAND, FL 34736
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional A Attach additional sheets, if necessary). (Be specific)			
	in test of markets			
				
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f an amendment provides for an ex	change, reclassifi	cation, or cancella	tion of issued shar	es.
provisions for implementing the a	nendment if not co	ontained in the am	endment itself:	
(if not applicable, indicate N/A)				
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a	ndoption:	, if other than the
date this document was signed.		
	9/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this repartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendme ufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareho	
☐-The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
DatedC	allo affe	
Signature	12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	 _
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other ented fiduciary by that fiduciary)	
	YESICA TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	