PO60000 18913

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SEBASTIANRI R	EMODELING INC.		
DOCUMENT NUM	P06000018913			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
		ANA DEMENEZES		
		Name of Contact Person	n	
	B&B MOBILE SOLUTIO	ONS AND TAX SERVICE	S	
		Firm/ Company		
	5610 NW 61ST ST #1114			
	-	Address		
	COCONUT CREEK, FL	33073		
		City/ State and Zip Cod	e	
IN	FO@BBMOBILESOLUTION	S.COM		
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
ANA DEMENEZES	;	at (386-7117	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

SEBASTIANRI	REMODELING	INC.
202112 1 HO 11	KOI IO DO O II O	1,00.

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

	(Document Number of	8915 of Corporation (if known)				
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the fol	lowing an	nendm	ent(s)
A. If amending name, enter the new na	me of the corporation:					
SEBAS PAINTING INC.	_			T'L.	e nei	
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A professional corpo.		the abbre	viatio	71
B. Enter new principal office address,	if annlicable:	N/A				
(Principal office address MUST BE A S				<u>≥</u> ::	19	
				<u>—</u> : <u>حز</u>	<u></u>	
				- 51 - -	_=	
C. Enter new mailing address, if appli	N/A		;	9	:	
(Mailing address MAY BE A POST of	OFFICE BOX)			<u></u>	<u>P</u>	\Box
				<u> </u>	+:-	
				>		
D If	4/					
D. If amending the registered agent an new registered agent and/or the new			me of the			
Name of New Registered Agent	N/A					
	(Florida s	treet address)				
New Registered Office Address:	N/A		, Florida			
		(City)	_,,,,,,,	(Zip Code	 ッ	
New Registered Agent's Signature, if c. I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	it: with and accept the obligation	ns of the posi	ition.		
	N/A	Registered Agent, if changing				
	Signature of New	Registered Agent, if changing				

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> </u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		- Ala	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		NIA	
Add			
Remove			
4) Change		NA	
Add			
Remove			
5) Change		NIA	
Add			
Remove			
6) Change		NA	
Add		·· ······	
Remove			

response and a transmitter where	z additional Articles, e ts. if necessary). (Be	specific)	≥ ·		
1 .					
<u> </u>					·
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		-			
					
					
· ·					
					
an amendment pro	ides for an exchange, nenting the amendmer	reclassification, or	cancellation of issu	ed shares.	
(if not applicable	indicate N/A)	ich not contained	n the amendment i	iscii.	
NIA				<u></u>	
NIA	-				
Ala					
NIA					

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 4 10 19 (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 block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	l .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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.	
Dated &4//0/9	
Dated Eur 10/9 Signature	
(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)	
ROY R. RIOS	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	