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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SONMAN PAINT	ING AND WATERPROO	FING, INC.		
DOCUMENT NUM	P06000048890				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Robin LaFavor				
		Name of Contact Person			
	Sonman Painting and Waterproofing				
		Firm/ Company			
		Address			
	3170 NW 4th Court Laude	rhill, Florida 33311			
		City/ State and Zip Code			
SO	nmanpainting1@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Robin LaFavor		at (de & Daytime Telephone Number		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check t	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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
P0600004889	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida 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 "Coword "chartered," "professional association," or the abbreviation "I	o". 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>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
(Florida stre	et address)
New Registered Office Address:	Florida ·
New Registered Office Address.	City)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered 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 = ChiefExecutive 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) X Change	VP	ROBIN LAFAVOR	3170 NW 4TH CT
Add			LAUDERHILL, FL 33311
Remove			
	P	NATHANIEL MCFADDEN	3170 NW 4TH CT
2) Change X	_		LAUDERHILL, FL 33311
<u></u> -			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	_		
Remove			
Kemove			
6) Change			
Add			
Remove			

Attach <i>ac</i>	ing or adding audditional sheets,	f necessary).	(Be specific,)			
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If an ar	nendment provi	des for an ex	change, reclas	sification, or of contained i	cancellation on the amendu	f issued shares. ent itself:	1
provis (ij	not applicable, i	ndicate N/A)				_	
	<u></u> -						
	_ 						
							
							

The date of each amendment(s) adoption:	if other than the
late this document was signed.	
Effective date <u>if applicable</u> : (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 will no document's effective date on the Department of State's records.	ot 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 cast for the amendment(s) was/were sufficient for approval	
by	
■ 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.	
O6/27/2018 Dated Signature Thathrail her Tacker 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)	
NATHANIEL MCFADDEN	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	

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