PDU0000049831

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POTENTIAL DES	SIGN PAINTING CORP	
DOCUMENT NUM	BER: P06000049831		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FERNANDA SILVA		
		Name of Contact Perso	n
	A&F FINANCIAL LLC		
		Firm/ Company	
	4851 W HILLSBORO BLVI	STE#A2	
		Address	
	COCONUT CREEK, FL 330	33013	
		City/ State and Zip Cod	e
AF-I	'INANCIAL@AF-FINANCIA	.L.COM	
	-	sed for future annual report	notification)
For further informatic	n concerning this matter, pleas	se call:	
FERNANDA SILVA		954	464-8298
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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

POTENTIAL DESIGN PAINTING CORP	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P06000049831	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	office address in Florida enter the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, effect the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the position.
Signatur	re 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 <math>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 (Check One)	Title	Name	<u>Addres</u> s
1) Change	VS	CLAUDIA TEREZA LIMA	4420 NE 15TH AVENUE
Add X Remove			POMPANO BEACH, FL 33064
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add			
5) Change			
Add			•
6) Change			
Add			
Remove			

	adding additional Ar al sheets; if necessary).	. (Be specific)				
		 				
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an amendme	nt provides for an exc implementing the am	hange, reclassifi	cation, or cancell	ation of issued sl	iares,	
(if not app	licable, indicate N/A)					
						-
			- 1 · 4 ·		1000-000	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,"	
•	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
06/13/2 Dated	016	
Signature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	ROBSON F. TEIXEIRA	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
·	(Title of person signing)	