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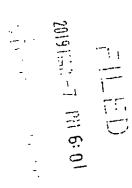
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: U. Flor	ida Quality	PaintingsInc		
name of corporation: <u>N. Florida auxility Painting Inc.</u> DOCUMENT NUMBER: PO 6000 89913					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Micha	Name of Contact Person			
_		Name of Contact Person	1		
-	N. PL. C	Firm/ Company	Inc ·		
		Demy Woons Address			
		, O			
_	JA:X_	FL 3'LZ58 City/ State and Zip Code			
		City/ State and Zip Code	e e		
	E-mail address: (to be us		notification)		
i or imater information c	oncerning this matter, piea.	se can.			
Michael	Hulter	at (9W	370-9586		
Name of Contact Person at (904) 370-9580 Area Code & Daytime Telephone Number					
Enclosed is a check for the	he 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section on of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

N. FLORIDA QUALITY PAINTING INC

(Name of Corporation as currently	v filed with the Florida Dept. of State)
P06000089913	
(Document Number o	f 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:	
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 MUST BE A STREET ADDRESS)	
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 address new registered agent and/or the new registered office address	
Name of New Registered Agent	:.
(Florida str	eet address)
New Registered Office Address:	Florida
	(Ciry) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	
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 = 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>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		-		
Remove				
5) Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	
	
	
<u> </u>	
	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
Pleuse List Jan	nie Italian as 10% ownership
in order to be a	added as an exempted officer
under the comp	any.
* Piecise note Junie	Hollon was added as an officer on
	annual report was filed. This is
	nd reflect the 10% ownership. *

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:	(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 ble document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
	127/19	
Signature	Midfall Hatta	
(By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Michael Hoiton	
_	Michael Hoiton (Typed or printed name of person signing)	
_	(Title of person signing)	
	(Title of person signing)	