P060000 97385

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GUS PAINT SVC	S CORP			
DOCUMENT NUMBER: P06000097385				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
GUSTAVO RUBIO FLORES	S			
	Name of Contact Person			
GUS PAINT SVCS CORP				
	Firm/ Company			
10407 LAKESIDE 3 VISTA I	OR .			
	Address			
RIVERVIEW, FL 33569				
	City/ State and Zip Code			
GUSTAVORUBIO82@HOTMAIL	COM			
E-mail address: (to be use	ed for future annual report notification)			
For further information concerning this matter, please				
GUSTAVO RUBIO FLORES	at (832) 567-2656			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & ☐\$52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

GUS PAINT SVCS CORP	
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P06000097385	
(Document Number of	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 <u>MUST BE A STREET ADDRESS</u>)	· E-1
C. Enter new mailing address, if applicable:	2 N F
(Mailing address MAY BE A POST OFFICE BOX)	
	19
	. 50
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	<u>:</u>
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	. with and avecant the obligations of the position
Thereas accept the appointment as registered agent. Tangantum s	un una accept the obligations of the position.
Signature of New Ro	evistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>v</u>	ANGEL RUBIO FLORES	
Add			
X Remove			
2) Change	<u>т</u>	BENJAMIN RODRIGUEZ	
Add			
X Remove			
3) X Change	<u>V</u>	GUSTAVO RUBIO FLORES	10407 LAKESIDE VISTA DR
Add			RIVERVIEW, FL 33569
Remove			
4) Change	Р	ARACELI MARTINEZ MACEDO	10407 LAKESIDE VISTA DR
X Add			RIVERVIEW, FL 33569
Remove			
5) Change	Т	ANDRES CAMILO RESTREPO	10407 LAKESIDE VISTA DR
X Add			RIVERVIEW, FL 33569
Remove			
6) Change			
Add			
Remove			

	09/28/2017	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.	100.00.00	
Effective date <u>if applicable</u> :	0/28/2017	
interive date in applicable.	(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 wi	ill not be listed as the
document's effective date on the	Department of State's records.	in not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	128/2017 645/900 BUGIO	
Signature <u>A l</u>	LITERO RUGIO	
(By a	director, president or other officer - if directors or officers have not been	_
seleci appoi	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	GUSTAVO RUBIO FLORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	