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Amend

SECRETARY OF STATE



TP 11-22-1

COVER LETTER

TO: Amendment Section Division of Corporations

T 7.10	Romezo- (ARCIAS PAINTAIS AND PRESSUITE CO
NAME OF CORPORATION: <u>J. / COS/A// 10</u>	TRONISTO - CHARTAN PANANTING HAROTIGENSUICE CO
DOCUMENT NUMBER: <u> </u>	9
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
GARY SA	CF
N	Name of Contact Person
L. J. LEWIS	
24	Firm/ Company
6004 38 TH	AVE E
$\overline{}$	A TAPAC COLL
/SRADSNTON	Sity/ State and Zip Code
C	City/ State and Zip Code
65821 @ A	oc. com used for future annual report notification)
E-mail address: (to be t	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Carrolalle	at (941) 270.0872
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$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	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	·

Articles of Amendment

to
Articles of Incorporation

	Florida Dept. of State)
Po6 000 10/419	
(Document Number of Corporation	(if known)
ursuant to the provisions of section 607.1006, Florida Statutes, mendment(s) to its Articles of Incorporation:	this Florida Profit Corporation adopts the f
. If amending name, enter the new name of the corporation:	
the new name must be distinguishable and contain the word "corp bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp., ame must contain the word "chartered," "professional association	o," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	F. 2
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3
	dress in Florida, enter the name of the
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
new registered agent and/or the new registered office addres Name of New Registered Agent:	ss:
new registered agent and/or the new registered office addres Name of New Registered Agent:	
Name of New Registered Agent: (Florida st New Registered Office Address:	treet address) , Florida
Name of New Registered Agent: (Florida st	treet address) , Florida
Name of New Registered Agent: (Florida st New Registered Office Address:	treet address) , Florida
Name of New Registered Agent: (Florida st New Registered Office Address: (City	treet address) , Florida (Zip Code)
Name of New Registered Agent: (Florida st New Registered Office Address: (City We Registered Agent's Signature, if changing Registered Agen	treet address) , Florida(Zip Code)
Name of New Registered Agent: (Florida st New Registered Office Address:	treet address) , Florida(Zip Code)

	e. Please indicate the title(s), name and add		
•		have more tha	in 6 officers/directors, please list them on an
additional sheet.	, Na	Add	PAGO
Title(s)	Name	Aud	1655
1)	J. ROSALIO KOMERA (SARCIA	3101 ARROWHEAD RO VENICE FL 34293
2)	CIRINO PACHECO. MAN		210 DOWTHGER WAY TARASOTA F. 34237
3) 1	FAUSTINO PACHECO. MAN	<u> </u>	10 DOWRIGGER WAY HRASOTA FL 34237
4) 1/2	CALLA D. ROMERO		101 ARROWHEAD RO ENICS FL 34293
5)			
6)		<u> </u>	
If REMOVING	an officer and/or director, please list the t	itle(s) and nam	e of the officer/director to be removed:
Title(s)	Name	Title(s)	<u>Name</u>
1)		4)	
2)		5)	
3)		6)	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want

E. <u>If amending or adding</u> (attach additional sheets,	if necessary).	(Be specific)			
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	······································				
radio and distributor					

	for implementing the amendment if not contained in the amendment itself:
(if not a	pplicable, indicate N/A)
	, 1
	11/15/11
ie date of eac	h amendment(s) adoption: ///////
	1 1
Tantius data il	Constinution (1) /17 /1/
Tective date <u>if</u>	(no more than 90 days after amendment file date)
	(no more man 50 days after amenament five date)
loption of An	nendment(s) (CHECK ONE)
_	
The amendme	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareh	nolders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement
must be sepa	rately provided for each voting group entitled to vote separately on the amendment(s):
44771	
"The nu	imber of votes cast for the amendment(s) was/were sufficient for approval
hv	(voting group)
by	(voting group)
	(voiing group)
The amendm	ent(s) was/were adopted by the board of directors without shareholder action and shareholder
action was no	
	·
The amendme	ent(s) was/were adopted by the incorporators without shareholder action and shareholder
action was no	
	/ /
	Dated 11/17/1/
	Dated
	Signature Krawlo Kamelo
	(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)
	J. ICOSALIO KIMEDO. GARCIA
	T. ICOSALIO Camedo . CARCIA (Typed or printed name of person signing)
	TRESIDENT