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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	MAXIMINO GARCIA PAINTING INC		
DOCUMENT NU	MBER:	P06000125220		
The enclosed Artic	les of Amendment and	fee are submitted for filing.		
Please return all co	rrespondence concern	ing this matter to the following:		
_		ALEJANDRO KABA		
		Name of Contact Person		
-		KABA CONSULTING INC		
		Firm/ Company		
-		635 E HWY 50 SUITE 103		
		Address		
-		CLERMONT, FL 34711  City/ State and Zip Code		
	ALCADA			
	E-mail address: (to	©KABACONSULTING.COM be used for future annual report notification)		
For further informa	tion concerning this m	natter, please call:		
ALE	JANDRO KABA	at ( 352 ) 243-8460		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amo	ount made payable to the Florida Department of State:		
✓ Filing Fee	☐ Filing Fee & Certificate of Status			
Mailing Ad		Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 63 Tallahassee.		Clifton Building 2661 Executive Center Circle		
i ahanassee.	CL. 3/314	ZOO L EXECUTIVE CENTER CIRCLE		

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation**

### MAXIMINO GARCIA PAINTING INC (Name of Corporation as currently filed with the Florida Dept. of State)

PO6000125220  (Document Number of Corporation (if known)  suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  JAVI PAINTING INC  The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the previation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address: (Florida street address)  Florida  (City) (Zip Code)	inity filed with the Florida		
JAVI PAINTING INC  The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address: (Florida street address)	00125220	₹'n.	
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New Registered Office Address: (Florida street address)	ered office address:		
, Florida	(Florida street aa	ldress)	
(City) (Zin Code)		, Florida	
(Elb com)	(City)	(Zip Code)	
w Registered Agent's Signature, if changing Registered Agent:	Registered Agent:		
reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ent. I am familiar with an	d accept the obligations of the position.	
w Registered Agent's Signature, if changing reby accept the appointment as registered ago		per of Corporation (if known Florida Statutes, this Florida Statutes	per of Corporation (if known)  Florida Statutes, this Florida Profit Corporation adopte the following the corporation:  AINTING INC  The new designation "Corp." "Inc," or "Co". A professional corporation essional association," or the abbreviation "P.A."  Cable: CADDRESS  EBOX  gistered office address in Florida, enter the name of the ered office address:  (Florida street address)  (Florida street address)  (City) (Zip Code)

Signature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	ESAU CRUZ	PO BOX 1321 OAKLAND, FL 34760	
_D_	ESAU C CHAVEZ	14205 KENSINGTON CT CLERMONT, FL 34711	
			Remove
	ding or adding additional Articles, e dditional sheets, if necessary). (Be s		
provisi	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)	, reclassification, or cancellation of nt if not contained in the amendme	issued shares, nt itself:
		·	

The date of each amendment(s)	adoption: 03/25/2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
• (1	no more than 90 days after amendment file date)
<b>:</b> ,	•
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	39
(v	ooting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated_3/25/20	010
selecte	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 need fiduciary by that fiduciary)
	JAVIER FLORES
•	(Typed or printed name of person signing)
_	VICE PRESIDENT
	(Title of person signing)