

PO7000054163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

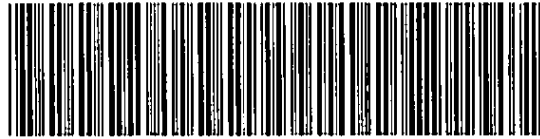
(Document Number)

Certified Copies _____ Certificates of Status _____

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000320081460

10/29/18--01029--025 **30.00

11/28/18--01003--028 **13.75

19 DEC 18 PM 2:51

CLERK OF SUPERIOR COURT
STATE OF NEW YORK
CLERK OF SUPERIOR COURT

DEC 17 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERTO CARMONA PAINTING CORP.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA KLIPSTINE

Name of Person

ROBERTO CARMONA PAINTING CORP.

Firm/Company

5109 EAGLE DRIVE

Address

FORT PIERCE, FL 34951

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA KLIPSTINE

at (772) 672-9180

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 DEC 11 PM 2:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2018

MARIA KLIPSTINE
ROBERTO CARMONA PAINTING CORP
5109 EAGLE DRIVE
FORT PIERCE, FL 34951

SUBJECT: ROBERTO CARMONA PAINTING, CORP.
Ref. Number: P07000054163

We have received your document for ROBERTO CARMONA PAINTING, CORP. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

We will need an additional \$13.75 to be able to process this amendment and send the certificate of status you have requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 918A00022773

RECEIVED

2018 NOV 20 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

MARIA KLIPSTINE
ROBERTO CARMONA PAINTING CORP
5109 EAGLE DRIVE
FORT PIERCE, FL 34951

SUBJECT: ROBERTO CARMONA PAINTING, CORP.
Ref. Number: P07000054163

We have received your document for ROBERTO CARMONA PAINTING, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check 1 (one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 018A00024132

RECEIVED
2018 DEC 14 AM 11:18
SECRETARY
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of

Roberto Carmona painting CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000054163

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5109 Eagle Dr
Fort pierce FL 34951

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5109 Eagle Dr
Fort pierce
FL 34951

D. 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 Maria L Klipstine

5109 Eagle Dr
(Florida street address)

New Registered Office Address: Fort pierce, Florida 34951
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Maria L Klipstine
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)

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Roberto Carmona</u>	<u>5109 Eagle Dr</u> <u>Fort pierce</u> <u>FL 34951</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Vp</u>	<u>marie L Klipst</u>	<u>5109 Eagle</u> <u>Dr Fort pierce</u> <u>FL 34951</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Vp</u>	<u>Donelle Armendariz</u>	<u>35 pathfindr</u> <u>Dr Vero Beach</u> <u>FL 32960</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 11-14-2018, if other than the date this document was signed.

Effective date if applicable: 5109 Eagle Dr Fort Pierce FL 34951
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11-14-2018

Signature Maria L Klipstine
(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)

Maria L Klipstine
(Typed or printed name of person signing)

Vice president
(Title of person signing)