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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CODDOD	ATION: A & E PAIN	ITING & CARPE	ENTRY, INC
DOCUMENT NUMBI	P0800005951	4	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this mat	ter to the following:	
,	ALEXIS JIMENE	<u>z</u>	
_	A & E PAINTING	Name of Contact Persor & CARPENTRY	_
	5289 NW 5TH S1	Firm/ Company	
-	DELRAY BEACH	Address I, FL 33445	
_		City/ State and Zip Code	e
RIO	1@FDN.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ALEXIS JIME	NEZ	at (561	350-6559
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation \mathbf{of}



A & E PAINTING & CARPENTR, INC

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

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nendment(s) to

(Documer	nt Number of Corporation	(if known)	•	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Floridu Profit Co	prporation adopts the following amendm	
A. If amending name, enter the new na	ame of the corporation:			
NOT APPLICABLE			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A profession	or "incorporated" or the abbreviation	
B. Enter new principal office address,			· · · · · ·	
(Principal office address MUST BE A S	TREET ADDRESS)	5289 NW 5TH STREET		
		DELRAY	BEACH, FL 33445	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE		
D. If amending the registered agent ar			nter the name of the	
new registered agent and/or the ne	w registered office address ALEXIS JIMEN			
Name of New Registered Agent				
	5289 NW 5TH	STRET	<u></u>	
		treet address)	00445	
New Registered Office Address:	DELRAY BEACH		Florida 33445	
	(Çi _l	לע	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Ager	nt:		
I hereby accept the appointment as regis			he obligations of the position.	
X A	inz			
31	gnature of New Registered	Agent, if changing	3	

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> <u>John</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SECRETARY	ALEXIS JIMENEZ JR	5289 NW 5TH STREET
X Add			DELRAY BEACH
Remove			FL 33445
2) Change	TREASURER	MARIO C JIMENEZ	5289 NW 5TH STREET
X Add			DELRAY BEACH
Add Remove			FLORIDA 33445
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)
	,
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
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provisions for implementing the ame	indment if not contained in the amendment itself:

The date of each amendment(s) a	JULY 23, 2012
Effective date <u>if applicable</u> :	JLY 23, 2012
Enecuve date <u>a appareasic</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	it for the amendment(s) was/were sufficient for approval
by	(voting group)
	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 07/23	/2012
Signature * 1	1) Juny
(By a select	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 nted fiduciary by that fiduciary)
	ALEXIS JIMENEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)