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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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' TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: | PORATION:ESPINOZA & BARRIOS PAINTING CORP_ | | | | | |
|--|--|---|---|--|--|--|
| DOCUMENT NUMBER: | 5. T | P08000083316 | | | | |
| The enclosed Articles of Amendment | and fee are | submitted for filing. | | | | |
| Please return all correspondence conc | erning this | matter to the following: | | | | |
| | , DAN | IIEL J M MATIAS | | | | |
| | Nar | ne of Contact Person | . . | | | |
| | • | | | | | |
| | • | Firm/ Company | | | | |
| | કુ.ને 553 JENINGS AVE STE B | | | | | |
| | | Address | | | | |
| | | | | | | |
| | | NACRES FL 33463 | | | | |
| | City | // State and Zip Code | | | | |
| INFO | @DÖCUM | ENTOSGERAIS.COM | | | | |
| E-mail address | s: (to be used | for future annual report notification) | | | | |
| For further information concerning th | ic matter n | leace call: | | | | |
| - | _ | | 1 | | | |
| DANIEL J M MATIAS | 3 | at (561_) 255875 | <u> </u> | | | |
| Name of Contact Person | • • • | Area Code & Daytime Tel | epnone Number | | | |
| Enclosed is a check for the following | amount ma | de payable to the Florida Depar | timent of State: | | | |
| | Status | \$43.75 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 Circ Tallahassee, FL 32301 | le | | | |

Articles of Amendment

Articles of Incorporation

ESPINOZA & BARRIOS PAINTING CORP (Name of Corporation as currently filed with the Florida Dept. of State) P08000083316 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

| | • | The |
|--|---|---|
| ame must be distinguishable and conto bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," | r the designation "Corp," "Ir | " "company," or "incorporated" or nc," or "Co". A professional corpora |
| and mast contain the notal charteress, | | ************************************** |
| . Enter new principal office address, if | applicable: | |
| Principal office address <u>MUST BE A STI</u> | REET ADDRESS) | |
| | <u></u> | |
| | | <u> </u> |
| | | |
| Enter new mailing address, if application | | |
| (Mailing address <u>MAY BE A POST O</u> | FFICE BUX) | |
| | K: | |
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| | | |
| . If amending the registered agent and | <u>/or registered office address</u> | in Florida, enter the name of the |
| | | |
| new registered agent and/or the new | registered office address: | |
| new registered agent and/or the new | registered office address: | |
| | registered office address: | |
| new registered agent and/or the new | registered office address: | |
| new registered agent and/or the new Name of New Registered Agent: | | address) |
| new registered agent and/or the new | registered office address: | address) |
| new registered agent and/or the new Name of New Registered Agent: | (Florida street | , Florida |
| new registered agent and/or the new Name of New Registered Agent: | | , |
| new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: | (Florida street) (City) | , Florida |
| new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if cha | (Florida street (City) anging Registered Agent: | , Florida (Zip Code) |
| new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: | (Florida street (City) anging Registered Agent: | , Florida (Zip Code) |

Page 1 of 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)

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|--------------|--|-------------|--|----------------|
| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
| D | CARLOS A BARRIOS | <u> </u> | 5817 ALBERT RD | _ 🗆 Add |
| | | | W PALM BEACH FL 33415 | _ 🛮 Remove |
| | | | | |
| D | JOEL MENDEZ | | 553 JENINGS AVE STE B | _ 🗹 Add |
| | | 1 | GREENACRES FL 33463 | _ |
| | |) ' | | _ |
| | | | | _ Add |
| | | • : | | _ Remove |
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| E Ifaman | ding or adding additional Artic | Hansanta | w ahanga(a) hara: | |
| | ding or adding additional Artic additional sheets, if necessary). | (Be spec | cific) | |
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| | | | eclassification, or cancellation of i f not contained in the amendmen | |
| | ons for implementing the anten not applicable, indicate N/A) | idinent i | i not contained in the amendmen | i itsen. |
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| The date of each amendment(s) adoption: | 11/16/09 |
|--|--|
| | i (date of adoption is required) |
| Effective date <u>if applicable</u> : | n 90 days after amendment file date) |
| (no more ina | n 90 days after amenament fite date) |
| | |
| Adoption of Amendment(s) | CHECK ONE) |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient f | the shareholders. The number of votes cast for the amendment(s) or approval. |
| | the shareholders through voting groups. The following statement in group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the am | endment(s) was/were sufficient for approval |
| by | 141 |
| by(voting group | <u>) </u> |
| action was not required. | the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder |
| DatedI | 09÷ |
| selected, by an inc | esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court y by that fiduciary) |
| | Daniel M. Matias |
| (| Typed or printed name of person signing) |
| | + tresident |
| (Title | e of person signing) |