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COVER LETTER

TO: Amendment Section Division of Corporations

.

| NAME OF CORPOR | RATION: Mike's Painting & | Repair, Inc | |
|--|--|--|--|
| DOCUMENT NUMI | BER: P08000104798 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | spondence concerning this ma | tter to the following: | |
| | Mike Monsalvatge | | |
| | | Name of Contact Person | n |
| | Mike's Painting & Repair, I | nc. | |
| | | Firm/ Company | <u> </u> |
| | 19 Beechwood Dr | | |
| | | Address | |
| | Key West, FL 33040 | | |
| | - | City/ State and Zip Cod | - |
| | | • | |
| gator —— | stm1@bellsouth.net | | |
| | h-mail address: (to be us | sed for future annual report | notification) |
| For further information | n concerning this matter, pleas | se call: | |
| Mlke Monsalvatge | | 305 at (| 745-4513 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | □S43.75 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) |
| Mailing Address Amendment Section Division of Corporations | | Amend Divisio | Address Iment Section on of Corporations |
| | Box 6327 ahassee, FL 32314 | | Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Mike's Painting & Repair, INc. (Name of Corporation as currently filed with the Florida Dept. of State) P08000104798 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) 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 p 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: | | | | |
|----------------------------|--------------|-----------------------|---|--|
| X Change | <u>PT</u> | John Doe | | |
| X Remove | <u>V</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | s/T | Stephanie Monsalvatge | 19 Beechwood Dr | |
| x Add | | | Key West, FL 33040 | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | · - · · · · · · · · · · · · · · · · · · | |
| Remove | | | | |
| 0 0 | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| ach <i>additional she</i> | ng additional Articles, enter lets, if necessary). (Be spec | zific) | | |
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| rovisions for imple | ovides for an exchange, rec ementing the amendment if | not contained in the | nation of issued share amendment itself: | <u>3.</u> |
| (if not applicable | | | | |
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|--|---|--|-----------------------------------|
| The date of each amendment(s) adoption: _ date this document was signed. | 8/1 | 110 | , if other than the |
| Effective date <u>if applicable</u> : | , | U/A | |
| <u>pj</u> | (no more than 90 day: | U F† s after amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department of | | statutory filing requirements, th | is date will not be listed as the |
| Adoption of Amendment(s) $(\underline{C}$ | HECK ONE) | | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | | ber of votes east for the amendn | ient(s) |
| ☐ The amendment(s) was/were approved by t must be separately provided for each voting | | | |
| "The number of votes cast for the am | | • • | |
| by | | | |
| (r | oting group) | | |
| The amendment(s was were adopted by the action was not required. | e board of directors with | out shareholder action and share | holder |
| The amendment(s) was/were adopted by th action was not required. | e incorporators without sl | hareholder action and sharehold | er |
| Dated | 0/13 | _ | |
| Signature | 14 | | |
| (By a director, pre | | if directors or officers have not l | |
| | co rp orator – if in the hand ry by that fiduciary) | ds of a receiver, trustee, or other | court |
| •• | | 2 44 1 1 | |
| | Michae | Monsalvate. of person signing) | |
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| | 1 Ces | Sident son signing) | |
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