P1000019a44

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SECRETARY OF STATE SECRETARY OF STATE

APPROVED AND

SEP 11 2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALE'S PAIN	NTING INC	
DOCUMENT NUM	BER: P1000001,924	4)	
	s of Amendment and fee are su	f'y"	
Please return all corre	espondence concerning this mar	tter to the following:	
	PABLO RODRIG	UF7	
		Name of Contact Persor	<u></u>
	BEST QUICK TA		•
		Firm/ Company	
	320 S BUMBY AV	VE STE 10	
		Address	
	ORLANDO FL 32	2803	
		City/ State and Zip Code	e
For further information	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)
PABLO ROI	DRIGUEZ	_{at (} 407	896-7921
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
). Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 E	xecutive Center Circle
		Tallaha	issee, FL 32301



Articles of Amendment Articles of Incorporation of

	01		
ALE'S PAINTING INC			
(Name of Corporation as	currently filed with the Florida Dept	t. of State)	-
P10000019244			
(Documen	nt Number of Corporation (if known)		-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Proj</i>	fit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A pro	nny," or "incorporated" or the a ofessional corporation name must	bbreviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S.</u>			_
			-
			_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of			_
1			
		,	-
Ç		→	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Flori	ida, enter the name of the	LLL FOI S 7
Name of New Registered Agent	VICTOR M GARCIA RE	EYES	HAXETA
<u>Name of New Registerea Agent</u>	9639 LINGWOOD TRA	 	SSEE.
	(Florida street address)		——————————————————————————————————————
New Registered Office Address:	ORLANDO	, Florida 32817	2: 3 STA: LOR
New Registered Office Address.	(City)	(Zip Code)	
N			

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w

I am familiar with and accept the obligations of the position.

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)	Title	Name		<u>Addres</u> s
1) Change	Р	EDITH	YEPEZ	9639 LINGWOOD TRAIL
Add				ORLANDO FL 32817
X Remove				
2) Change	Р	VICTOR	M GARCIA REYES	9639 LINGWOOD TRAIL
X Add				ORLANDO FL 32817
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				

ttach additional s	heets, if necessary).	cles, enter change(s) here: (Be specific)	
<u> </u>			
]. ≥ 3:			
			
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3			-
· ·			
<u>.</u>			
an amendment	provides for an exch	ange, reclassification, or cancellation of	issued shares,
if not applica (if	piementing the ame able, indicate N/A)	ndment if not contained in the amendme	nt itseit:
		mt	
جر . 'ز			

The date of each amendmen	t(s) adoption:
Effective date if applicable:	08/29/2014
	(no more than 90 days after amendment file date)
i_{λ}	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 08/	29/2014
Signature	12 Augustin 1997
•· (By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	VICTOR M GARCIA REYES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)