P100000389U3

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
<u> </u>	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	i

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Amend Ja 4/8/10

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Alvar.	ini Handyman au	nd Painting, Ir
DOCUMENT NUMBER:	00038963	
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Reina	Alvarez	
N	Name of Contact Person	
	Firm/ Company	
2633 E	ast Juliet Dr	ive
Deltono	City/State and Zip Code)
alvarinhandyme E-mail address: (to be use	ananapainting a und for future annual report notification)	jahoo.com
For further information concerning this matter,	please call:	
Reina Alvarez Name of Contact Person	at (<u>386)</u> 837 - Area Code & Daytime Tele	
Enclosed is a check for the following amount n	nade payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\times \text{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 P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



May 28, 2010

REINA ALVAREZ 2633 EAST JULIET DRIVE DELTONA, FL 32738

SUBJECT: ALVARINI HANDYMAN AND PAINTING, INC.

Ref. Number: P10000038963

We have received your document for ALVARINI HANDYMAN AND PAINTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent location in part (d) of the form.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 310A00013518



Articles of Amendment

to Articles of Incorporation of

Alvarini Handuman ar	the Florida Dept. of State)
(Name of Corporation as currently filed with	the Florida Dept. of State)
P10000038	
(Document Number of Corpora	tion (if known)
`	是
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the feet
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations associated to the contain the word "chartered," "professional associated to the contain the word "chartered," "professional associated to the contain the word "chartered," "professional associated to the contain the word "contain the word "cont	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	2633 East Juliet Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Deltona, FL
	32738
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	
new registered agent and/or the new registered office ad	ldress:
Name of New Registered Agent: Anthox	ny Alvarez
2633	East Juliet Dr
	rida street address)
Ivew Registerea Office Address. (Fior	,
Deltor	7a , Florida 32738
(City	(Zip Code)
(9)	, — L — — — — — — — — — — — — — — — — — — —
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fam	
- / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 	w Reaktered Agent if changing
SIGNOTUPD YN MON	v neusiefeli Aueni II.'niiniina

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)		
Title. Name	Address	Type of Action
D Johnny Varela	4778 Jandelion Dr orlando, FL 32818	Add Remove
.P. Reina Alvarez	2633 East Juliet Dr Deltona, FC 32738	Add Remove
		☐ Add ☐ Remove
E. If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be special additional sheets).	cific)	
On Article V & Artic Johnny Varela, and Anthony Alvarez, ar Reina Alvarez.	cle VI - please	remove
Anthony Alvarez, ar	od on Article	V Add
Reina Alvarez.		
F. If an amendment provides for an exchange, reprovisions for implementing the amendment i		
(if not applicable, indicate N/A)		

The date of each amen	dment(s) adoption: 5-24.10
Effective date <u>if applic</u>	(date of adoption is required)
• • • • • • • • • • • • • • • • • • •	(no more than 90 days after amendment file date)
Adoption of Amendme	ent(s) (CHECK ONE)
	vas/were adopted by the shareholders. The number of votes cast for the amendment(was/were sufficient for approval.
	vas/were approved by the shareholders through voting groups. The following statement or ovided 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	99
	(voting group)
The amendment(s) was not requi	vas/were adopted by the board of directors without shareholder action and shareholdered.
The amendment(s) v action was not requi	vas/were adopted by the incorporators without shareholder action and shareholder red.
Dated	5·a4·10
Signa	
	(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)
	Reina Alvarez
	(Typed or printed name of person signing)
	President / Owner
	(Title of person signing)