P1000005a139

(Rec	questor's Name)
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phor	ne #)
. PICK-UP	MAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to F	-Iling Officer	
-		
	Office Use O	nly



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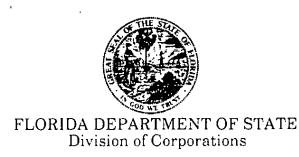
N/C Amena

2024 FEB 27 AH 8: 57

2024 FEB 22 AM 9: 49

A. RAMSEY

X02250, 02544, 02976, 00671



February 23, 2024

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: EXPO HOME PAINTING CORP.

Ref. Number: P10000052139

We have received your document for EXPO HOME PAINTING CORP. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000089115.

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) 245-6050.

Annette Ramsey OPS

Letter Number: 224A00004000

2024 FEB 27 AH II: 12

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:_____

Please use funds from this accour Authorization Signature:	t: 12021000160: \$35.00
Expo Home Painting Corp. Business	P10000052139 Document #
Walk in	Pick up time
Mail out	Will wait
Certified copy of articles	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitLimited LiabilityDomesticationOtherCORPLLLP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
APOSTIL	Other

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: EXPO HOME PAI	NTING CORP.					
DOCUMENT NUMBE	P10000052139						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.					
Please return all correspo	ondence concerning this ma	tter to the following:					
		Name of Contact Person	1				
	RS ACCOUNTI	NG AND TAX SERVICES	SINC				
_	-	Firm/ Company					
	10 FAIRWAY DRIVE STE 306						
_		Address					
	DEERFIELD BEACH FL 33441						
_		City/ State and Zip Code	2				
	ir	nfo@rsaccountingtax.com					
_	E-mail address: (to be us	sed for future annual report	notification)				
For further information of	concerning this matter, pleas	se call:					
RODRIGO P SILVA		954 at (623-7615				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for t	he 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Amen Divisi P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				

Articles of Amendment Articles of Incorporation of

FILED

2024 550

	TING CORP.	. «UZA FEB 27	AH 8: 57
(Name of Corporation as currently	filed with the Flo		
P100000	52139	·	1. 2. 14. 18. 2. 16. 1
(Document Number of C	Corporation (if kno	own)	
suant to the provisions of section 607.1006, Florida Statutes, this FI Articles of Incorporation:	orida Profit Corp	oration adopts the f	ollowing amendment(
If amending name, enter the new name of the corporation:			
more Home Services MASTER HOME IMPROVE	MENTS CORP		The new
ne must be distinguishable and contain the word "corporation," "co.c.," or Co.," or the designation "Corp." "Inc," or "Co". A partered," "professional association," or the abbreviation "P.A."	mpany," or "incol professional corp	porated" or the abl oration name must	previation "Corp.,"
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)		· .	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	<u></u>	
(maning dualess <u>MAT DE AT OST OT FICE DOM</u>)			
		_	
If amending the registered agent and/or registered office addre	ss in Florida, ent	er the name of the	
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida stree	Laddress		
77 100 iter 30 ct	tactor essiy		
New Registered Office Address:	ity)	Florida_	(Zip Code)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

	If amending or adding additional Articles,	nter change(s) he	ere:		
	(Attach additional sheets, if necessary). (Be	specific)			
					_
		-			
_				_	
				_	
			· <u>-</u>		
					_
	16			a Cioquad abo =a	.,
٠.	If an amendment provides for an exchange provisions for implementing the amendment	<u>reciassification,</u> nt if not containe	d in the ameno	i or issued share iment itself:	<u>5,</u>
	(if not applicable, indicate N/A)				
				-	
		-			

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmufficient for approval.	ent(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following star reach voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
02/22/202 Dated	4	
Signature	RICARDO R DOS SANTOS	
(By a c	lirector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other attending by that fiduciary)	
	RICARDO R DOS SANTOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	