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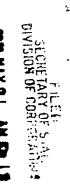
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

DIVISION OF CORPORAL .

TO: Amendment Section Division of Corporations

BI CH MAY 21 AM DO 18

NAME OF CORPORAT	ION:	ARBEN G. PAINTING	G INC	
DOCUMENT NUMBER	:	P10000068026		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
		ARBEN GJONDREKA	AJ	
		Name of Contact Person	1	
		Firm/ Company		
		7937 PINE LAKE RO	DAD	
Address				
JACKSONVILLE, FL 32256			L 32256	
		City/ State and Zip Cod	c	
For further information co. ARBEN G.	ncerning this matter, pleas	se call: 904	710-4067	
Name of C	ontact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building	
Tallahas	Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

BURECHETARY OF S

PIVISION OF	CORPORATIONS
THE MAN	

	01		-1914 01 (union Of the first
	ARBEN G.	PAINTING INC	MAY PI	AM Pro La
(Name of Corr	oration as currently	filed with the Florida	Dept. of State)	
	P100000680	26		
(1	Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this a	Florida Profit Corporati	on adopts the following	g amendment(s) to
A. If amending name, enter the new name of	the corporation:			
ARBEN G. RENOVATIONS INC	_			The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	'Corp." "Inc," or "	Co". A professional co		
D. Francisco de la Constitución	L1	N/A		
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>'E BOX</u>)	N/A		
				
D. If amending the registered agent and/or re			name of the	
new registered agent and/or the new regist	tered office address:			
Name of New Registered Agent N/A				-
	(Florida stre	et address)		•
New Registered Office Address:			, Florida	
		(City)	(Zip C	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			utions of the nocition	
i nervoy uccepi me appoiniment as registerea ag	зет i ит jamuiar w	an unu accept the obligi	mons of the position.	
 	Signature of New R	egistered Agent, if chang	ing	-

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	Y	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		NO CHANGE	NO CHANGE
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NO CHANGES TO OFFICERS. THEY ARE REMAINING THE SAME. DOING A NAME CHANGE ONLY	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Aorba Gondre 19/ (By a director, president or other officer – if directors or officers have not been	
Signature Aorba Gnondretal	
(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)	
PRBEN GIONDREKAJ (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	