P11000010261

L					
(Business Entity Name)					
(Document Number)					
•					

Office Use Only



600267131196

12/09/14--01013--018 **35.00

14 0EC -9 7M 3: 18

A MINA

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Aunna Painting and Cleaning Service INC. DOCUMENT NUMBER: P/10000/026/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Aunna Dia Z Name of Contact Person
154 Valencia Dr.
Ft. Walton Bch. FL 32541 City/ State and Zip Code
gas par luna 18@ gmail. Com E-hail address: (to be used for future annylal report notification)
For further information concerning this matter, please call:
Auna Diaz at (850) 485-6695 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Aunna Painting and Cleaning Service INC (Name of Corporation as currently filed with the Florida Dept. of State) P1100001026/
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A The new
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 Gas par Luna
Name of New Registered Agent Gas par Luna 910 Airport Rd Ste A (Florida street address)
New Registered Office Address: Destin, Florida 32541
(City) (Zip Code)
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 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.

Mike Jones, V as Remov	ve, and Sally Smit	h, SV as an Add.	
Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Jacobo Diaz	208 Casper Dr Ft. Walton Bch FL 3254
Remove	0		
2) Change	VΡ	Bicardo Jose Vargas	154 Valencia Dr. Ft. walton Buh
Remove			FL 32547
Change Add			
Remove			
4) Change			
Remove			
5) Change		-	
Add Remove			
6) Change			
Add			
Remove			

If amending or add (Attach additional sl	ling additional Articles, enter neets, if necessary). (Be specif	<u>change(s) here</u> : fic)		
	MICA			,,
	NA			
		ş	· · · · · · · · · · · · · · · · · · ·	4 S Fr 44 94
	A A CONTRACTOR AND A STATE OF THE ADMINISTRATION OF THE ADMINISTRA			
	No. Mark	<u> </u>		
	<u> </u>			
· · · · · · · · · · · · · · · · · · ·				
		- 10-L	· · ·	
provisions for imp	provides for an exchange, reclapsions if in the superior of th	assification, or cancel not contained in the a	lation of issued share mendment itself:	<u>:S.</u>
	A) / a	**************************************		
•-	N/A			
				
				W
·	<u> </u>			
124		····-		

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
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 cast 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.	
Dated 12/05/14	
Signature(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)	
Aunga Raquel Diaz Jazo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	