P120000/1626

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Brhatman's Painting Inc						
DOCUMENT NUMBER: P12000011626						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person Brhatmans Pain Ling Inc Firm/Company 3599 Clear field St Address North Port FL 34286 City/State and Zip Code Brhatmans - in commoil - Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Luis Cascante at (941) 623 3644						
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy						

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment FILED.				
Articles of Incorporation pm 3: 56				
Brhatmans Painting Incarrection Brhatmans Painting Incarrection				
(Name of Corporation as currently filed with the Florida Dept. of Smith ASSEL.				
(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) tits Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
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) North Port FL				
34286				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
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				
Name of New Registered Agent				
(Florida street address)				
New Registered Office Address:, Florida				
New Registered Office Address:, Florida, Florida				
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.

Example: X Change	<u>P.L</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	<u>Şally Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Pt	Michael 1 Cascante	
Add			Bradenton FL
Remove			34203
2) Change	Pt	Luis Cascante	3599 Clear Pields1
Add			North Port FL
Remove			34286
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add		,	
Remove			

The date of each amendment(s) adoption: 4-26-12				
Effective date if applicable:				
(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 09/26 /12				
Signature Michael C. M. (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)				
<u> Michael Cascante Moreno</u>				
(Typed or printed name of person signing)				
President.				
(Title of person signing)				