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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	RAFAEL OCEGUER N:	A PAINTING INC		
DOCUMENT NUMBER: _	P12000060032			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
RAFAEL OCEGUERA				
	(Name of Contact Pe	erson)	
RAFAEL OCEGUERA PA	INTING INC			
		(Firm/ Company	/)	
706 SUZETTE DRIVE				
		(Address)		
OCOEE, FL 34761				
	(City/ State and Zip	Code)	
	•			
E	-mail address: (to be used t	or future annual rep	ort notification)
For further information conc	erning this matter, please c	all:		
RAFAEL OCEGUERA		at		407-953-9578
**************************************	(Name of Contact Person)	at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida l	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee cate of Status ied Copy cional Copy is sed)

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

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Articles of Amendment to Articles of Incorporation of

RAFAEL OCEGUERA PAINTING INC

(Name of Corporation as o	currently filed with the Florida Dept. of State)	p · <i>U</i> 1
P12000060032		
(Document	Number of Corporation (if known)	
·	• • • •	SSA
tursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation ad	lopts the following
If among the group and a state of the state		
. If amending name, enter the new name of the cor	rporation:	골:
		The ne
ame must be distinguishable and contain the word "co	orporation" or "incorporated" or the abbreviation '	Corp." or "Inc.
Company" or "Co." may not be used in the name.		
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>		
1 77		
Enter new mailing address, if applicable;		
(Mailing address MAY BE A POST OFFICE BOX	KO	
. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the	
new registered agent and/or the new registered of	office address:	
Nonce of New Desirators of Association		
Name of New Registered Agent:		
N. P	(Florida street address)	
New Registered Office Address:		
	Florida	
	, Florida (City) (Zip C	ode)
lew Registered Agent's Signature, if changing Regi	stered Agent:	
hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the p	osition.
	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 X_Remove X_Add	<u>V</u> <u>Mil</u>	n Doe ge Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOVITA OCEGUERA	502 NICOLE BLVD
X Add		-	OCOEE FL 34761
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 A (attach additional sheets, if necessary)). (Be specific)			
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	MAY 06, 2015	
The date of each amendmen date this document was signed	· · ·	, if other than the
Effective date <u>if applicable</u> :	MAY 06, 2015	
<u></u>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	Y 06, 2015	
Signature 💋	RAFACI OCESUGAS	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
R	AFAEL OCEGUERA	
_	(Typed or printed name of person signing)	
PI	RESIDENT	
_	(Title of person signing)	