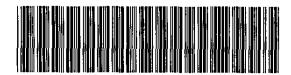
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DEC 20 2016 C MCNAIR

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JULEO'S Family Painting Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wanny Puleo
Name of Contact Person Anled's Family Painting 14934 Pinecrest Pd.
Address Tampa, Fl. 33613
City/ State and Zip Code ess: (to be used for future annual report notification) For further information concerning this matter, please call: Danny 8

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

\$35 Filing Fee

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

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

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Articl	les of Amendment	
A rticle	to es of Incorporation	Q 35.
Aide	of	
Suleo's Fam	Tily Painting In	C. 3
-	currently filed with the Florida Dept. of Sta	te)
\$ 1200070	911	
(Document Nu	umber of Corporation (if known)	. ν
tursuant to the provisions of section 607.1006, Florida Statut s Articles of Incorporation:	tes, this <i>Florida Profit Corporation</i> adopts the	e following amendment(
. If amending name, enter the new name of the corporat	tion:	
	NA	The new
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	NA	
Department of the registered agent and/or registered office and new registered agent and/or the new registered office agent and/or registered office agent and/or registered office agent and/or registered office agent and/or the new registered office address.	NA NA Ice address in Florida, enter the name of th	£
5. 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.	NA NA Ice address in Florida, enter the name of th	e
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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:	, α, ω	sy sinsure, or to an amount	
X Change	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u></u>	Ronnie Mornis	2710z Fernery au
Add			Brooksville, Fl. 34602
Remove			39002
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			- Patriciti
Remove			
δ) Change		<u> </u>	
Add			
Remove			

If amending or adding additional (Attach <i>additional sheets, if necessa</i>)		<u> </u>		
		NA		
		109		
				
			٠	
<u> If an amendment provides for an</u>				<u>s.</u>
provisions for implementing the solution (if not applicable, indicate N/A		ontained in the ame	endment itsell:	
	•	0 - 1		
Danny Pules.	1 9	1 Shares	<u> </u>	
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etty Pyleo- odd Kinsel	10-5-	10 Shap	٠٤(
Do and Monay	- ~ A	10 (1		
Connie Morr	15 0~	· / v) ha		

The date of each amendment(s) adoption: Septo 21, 14720/6	, if other than the
Effective date if applicable: SCP+25, ZOI6 (no more than 90 days after amendment file date)	
(no mbre 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.	l 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)	
(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 12-15-20/6	
Signature Deller	
(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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	