P12000075978

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HH PAINTI DOCUMENT NUMBER: P1200007597		INC	
The enclosed Articles of Amendment and fee are su			
•	_		
Please return all correspondence concerning this ma	tter to the following:		
ALEJANDRO KABA			
	Name of Contact Perso	n	
KABA CONSULT	ING INC		
-	Firm/ Company		
1655 E HWY 50	SUITE 203		
	Address		
CLERMONT, FL			
	City/ State and Zip Cod	e	
MARIA@KABACON	SULTING.COM		
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
ALEJANDRO KABA	at (_352	, 2438460	
Name of Contact 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 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 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

HH PAINTING SERVICES INC

(Name of Corporation as c	urrently filed with the Flo	ride Dent of State)		
P12000075978	arreinty med with the Fio	ida Dept. 91 State)		
	Number of Corporation (if I	known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Fi	lorida Profit Corporation add	opts the following	amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "Inc," or "Co	o". A professional corporat	ated" or the abl	vevianon
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)		N/A		= -
				ED.
			<u> </u>	5.51
		N/A		
D. If amending the registered agent and/ new registered agent and/or the new		ss in Florida, enter the name	e of the	
	V/A			
-	(Florida stree	1 address)		
New Registered Office Address:	V/A	, Florida	<u></u>	
	(City)		(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register		th and accept the obligations	of the position.	
Sign	nature of New Registered Ag	ent. 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>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	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	D	URIEL CORNEJO	592 MARTIN PLACE BLVD
X			APOPKA, FL 32712
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)
N/A
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

The date of each amendment(s) ad	option: 6/20 //3
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder
$_{\rm Dated}$ $\frac{6/20}{I}$	3
selected	rector, president or other officer - if directors or officers have not been l, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
-	(Title of person signing)