P12000081091

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: NAPLES MURAL	. INC				
DOCUMENT NUMBER: P12000081091 The enclosed Articles of Amendment and fee are submitted for filing.						
	PEDRO DE ARMAS					
		Name of Contact Persor	1			
	NAPLES MURAL INC					
	Firm/ Company					
	1812 NW 1ST AVENUE					
		Address				
	CAPE CORAL, FL 33993					
		City/ State and Zip Code	2			
PELI	LYDEARMAS@GMAIL.CO	М				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
PEDRO DE ARMAS		at (239	645-2848			
Name of Contact Person			dc & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee	☐\$43.75 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)			
Ame Divi	iling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NAPLES MURAL INC (Name of Corporation as currently filed with the Florida Dept. of State) P12000081091 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 (Florida street address) New Registered Office Address: , Florida (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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	VP	_	DALVIS TUYAS	1329 NE 5TH AVE	
Add				CAPE CORAL, 33909	
X Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change	<u></u>	_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

. 08/26/2016	
The date of each amendment(s) adoption:	, if other than the
08/26/2016	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will 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):	nt
"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.	
08/26/2016 Dated	
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)	
(Typed or printed name of person signing)	
(Title of person signing)	
(title of person signing)	