

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #)	<u></u>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	Occument Number)	
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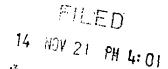
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: M & M CUSTO	OM PAINTING & R	EMODELING, INC.				
DOCUMENT NUMBER: P13000006336							
	f Amendment and fee are sub						
Please return all corresp	ondence concerning this matt	er to the following:					
ļ	Michael Goldsber	rv					
		Name of Contact Person					
_		P: 40					
•	6547 Midnight Pa	Firm/ Company					
<u>-</u>	<u> </u>	Address					
;	Sarasota, FL 342	42					
-		City/ State and Zip Code	2				
MG	old5m1@aol.com						
		ed for future annual report	notification)				
For further information	concerning this matter, please	e call:					
John P Laude	John P Laudenslager at (941) 485-0225						
Name o	f Contact Person	<u> </u>	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made p	ayable 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)				
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					

Articles of Amendment Articles of Incorporation



M & M CUSTOM PAINTING & REMODELING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000006336

(Document Number of Corporation (if known)

1 & M Custom Painting, Inc.		
me must be distinguishable and contain th Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional	"incorporated" or the a corporation name must
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u></u>	
		the name of the
	egistered office address in Florida, enter	the name of the
If amending the registered agent and/or r	egistered office address in Florida, enter	the name of the
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, enter	the name of the
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, enter stered office address: (Florida street address)	the name of the Florida(Zip Code)

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>.</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	-			
Add Remove				
2) Change	_	_		
Add				
Remove				
3) Change		<u></u>		(1)
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attac	ch <i>additioi</i>	r adding nal sheet.	additions, if neces	i <mark>ai Artic</mark> ssary).	(Be spec	change(s ific)	<u>i nere</u> :				
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pro	amendm visions fo (if not ap	r impler	nenting t	he ame	ange, rec ndment if	lassification in the second se	on, or cand	cellation e amendi	of issued s nent itself	shares, <u>:</u>	
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				<u> </u>				,		_	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
·	
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_11-18-2014	
Signature michael flosberg	
(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)	
Michael Goldsberry	
(Typed or printed name of person signing)	
President	
(Title of person signing)	