P13000080139

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	_{on:} BM'S PAIN	TING SERVICE	S INC.
	P1300008013		
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
Ale	jandro Kaba		
		Name of Contact Person	1
KA	BA CONSULT	ING INC	
 -		Firm/ Company	
16	55 E HWY 50	STE. 203	
		Address	
WI	NTER GARDE	N, FL 34787	
		City/ State and Zip Cod	e
maria@	n Dkabaconsulti	ng.com	
-		sed for future annual report	notification)
For further information cond	erning this matter, pleas	se call:	
Alejandro Kaba		at (352	, 243-8460
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	following amount made	payable to the Florida Depa	artment 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)
Division of P.O. Box	nt Section of Corporations	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

PIMP	DAINTING	SEDVICES INC

(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
P13000080139			
(Documer	nt Number of Corporation (in	f known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new na	nme of the corporation:		
n/a			The new
	ation "Corp." "Inc." or "	n," "company," or "incorporated" or the Co". A professional corporation name mi P.A."	abbreviation
B. Enter new principal office address,	if applicables	n/a	
(Principal office address MUST BE A S			
			
C. Fuan			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		n/a	
			
			<u> </u>
			<u>—</u>
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new			ದ 🚉 👸
Name of New Registered Agent	n/a		10N
Name of New Registered Agent			V-6
	//22 - 1		5 32 5
	(Florida stre	et adaress)	
New Registered Office Address:	n/a	, Florida	
	(City)	(Zip Code)	75 25
			•
New Registered Agent's Signature, if c	hanging Dagistarad Agants		
		with and accept the obligations of the position	on.
Si	gnature of New Registered A	gent, 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:	ic, and in	y omin, or as an man.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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	VP	Pedro Alvarez	418 ROBERTS CIR
Add			GREEN COVE SPRINGS, FL 32043
X Remove			
2) Change	VP	David Dela Garza	418 ROBERTS CIR
X Add	*****		GREEN COVE SPRINGS, FL 32043
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> (Attach <i>additional sheets, if necessary).</i>	(Be specific)
/a	• •
	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
/a	
	——————————————————————————————————————
 .	
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The date of each amendment(s) a	doption: 11/1/2013
Effective date if applicable: 11	/1/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_11/1/2	013
Signature Da	ala Zavala
selecte	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	BACILIO ZAVALA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)