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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: OASIS MLC IMPROVEMENTS INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARMANDO MENDOZA Name of Contact Person POWER PAINTING CUSTOM INC Firm/ Company 6340 Wandering trail Address Jacksonville Fl 32219 City/ State and Zip Code miigycap@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (Area Code & Daytime Telephone Number ARMANDO MENDOZA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

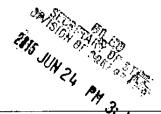
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of



to

OASIS MLC IMPROVEMENTS INC

(<u>Name c</u>	of Corporation as currently	filed with the Florida Dept. of State)	75
P140000014729			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
POWER PAINTING CUSTOMS INC			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	nation "Corp." "Inc." or "C	" "company," or "incorporated" or the or the or the or the or	e abbreviation
B. Enter new principal office address, if applicable:		6340 WANDERING TRAIL	
(Principal office address MUST BE A S		JACKSONVILLE FL 32219	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		6340 WANDERING TRAIL JACKSONVILLE FL 32219	
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name of the	
Name of New Registered Agent	ARMANDO MENDOZA		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6340 WANDERING TRAIL	L	
	(Florida stree	et address)	
New Registered Office Address:	JACKSONVILLE	3224 , Florida	16
<u> </u>	(Zip Code)
New Registered Agent's Signature, if of the I hereby accept the appointment as regis		ith and accept the obligations of the positi	on.
	Signature of New Re	gistered 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	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

ANGING THE MAKE OF T	necessary). (Be specif	·		
IMMOUND THE NAME OF I	THE CORPORATION	AND THE MAILING	ADDRESS.	
. "				
		 		
			-	
.				
•				
. If an amendment provides	for an exchange, recla	ssification, or cancella	tion of issued shares,	
provisions for implementi (if not applicable, indic	ing the amendment if nicate N/A)	iot contained in the an	endment itself:	
(y spr				

•	06-22-2015	
The date of each amendment(s) a date this document was signed.		, if other than the
	22-2015	
Effective date if applicable:		
	(no more than 90 day	vs after amendment file date)
Note: If the date inserted in this document's effective date on the D		statutory filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so		aber of votes cast for the amendment(s)
	proved by the shareholders through veach voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were suff	licient for approval
by	(voting group)	,,,
/	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors with	out shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without s	hareholder action and shareholder
06-22-201 Dated Signature	s (Amarka)	۷
(By a constant)	director, president of other officer – to, by an incorporator – if in the han ated induciary by that fiduciary)	if directors or officers have not been ads of a receiver, trustee, or other court
	ARMANDO MENDOZA	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of per	rson signing)