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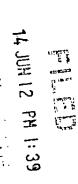
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JUN 2 5 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CASTELLON PAINTING INC					
DOCUMENT NUMBER: P14000048555					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
SHERRY MOSELEY					
Name of Contact Person					
SRM ENTERPRISES					
Firm/ Company					
102 OAKHILL AVE					
Address					
FORT WALTON BEACH FL 32547					
City/ State and Zip Code					
ects-inc@juno.com					
E-mail address: (to be used for future annual report notification)	, , , , , , , , , , , , , , , , , , , 				
For further information concerning this matter, please call:					
ROGER CASTELLON PONCE at (850) 461-0104					
Name of Contact Person Area Code & Daytime Telepl	hone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certificate of Status □\$52.50 Filing Fee & Certificate of Status □\$52.50 Filing Fee & Certificate of Status □\$52.50 Filing Fee & Certificate of Status □\$60.00 □\$52.50 Filing Fee & Certificate of Status □\$60.00	iatus				
Mailing Address Street Address					
	Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

14 JUN 12 PH 1:39

CASTELLON PAINTING INC

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

TRALLAHASSEE FOLINGA

P140000	48555	

(Document Number of Corporation (if known)

ndment(s) to

	the corneration:	
If amending name, enter the new name of t	the corporation.	
ne must be distinguishable and contain the		It was the state of the state o
ne must be distinguishable and contain insorp.," "Inc.," or Co.," or the designation "rd "chartered," "professional association," o	'Corp," "Inc," or "Co". A profes.	
Enter new principal office address, if appli	icable:	
incipal office address <u>MUST BE A STREE</u> T	<u>"ADDRESS"</u>)	
	<u> </u>	
	<u></u>	
	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.	F ROY)	
(muning damess mar no A 1 OSI OTTIC	L BUA)	
	•	
If amending the registered agent and/or re	gistered office address in Florida,	
If amending the registered agent and/or renew registered agent and/or the new regis	gistered office address in Florida,	
	gistered office address in Florida, tered office address:	enter the name of the
new registered agent and/or the new regis	gistered office address in Florida, tered office address:	enter the name of the
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new registered agent and/or the new regis	gistered office address in Florida, lered office address: (Florida street address)	enter the name of the
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new registered agent and/or the new regis	gistered office address in Florida, tered office address: (Florida street address)	enter the name of the

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 Doc 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.

X Change	<u>PT</u>	John E	<u>Doe</u>	
X Remove	<u>v</u>	Mike J	<u>lones</u>	
_X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Nanie	<u>Addres</u> s
1) Change	S		LIZZETH CASTELLON PON	628 VIRGINIA OAK COURT
Add .				FORT WALTON BEACH
Remove				FL 32548
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		·-		
Add				
Remove				

•	icles. enter change(s) here: (Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendmen date this document was signed	t(s) adoption: 06/C9/2014	, if other than the
_	06/09/2014	
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/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated 06/0	09/2014	
	Colon of the colon	
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)	
	ROGER OSMAR CASTELLON PONCE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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