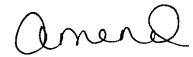
# P14000054854

(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT IN	//AIL
(Bu	usiness Entity Name)	<u></u>
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only



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AJR 0/27/15

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# **ATTN: ANNETTE RAMSEY**

850-245-6897

### COVER LETTER

TO: Amendment Sect Division of Corpo						
NAME OF CORPORATION: AFTER ALL PAINTING, INC.						
DOCUMENT NUMI	BER: P140000548	54				
	of Amendment and fee are su					
Please return all corres	spondence concerning this ma	tter to the following:				
	JILL SANFORD					
		Name of Contact Person	1			
AFTER ALL PAINTING, INC.						
		Firm/ Company				
	<b>12337 TEAL RUI</b>	N COURT				
	· · · · · · · · · · · · · · · · · · ·	Address				
	<b>JACKSONVILLE</b>	, FL 32258				
		City/ State and Zip Cod	•			
ica	nfordAAPinc@gm	ail com				
<u> </u>		sed for future annual report	notification)			
	D MAIN additions (100 by an		,			
For further information	n concerning this matter, pleas	se call:				
JILL SANFORD		at (904	485-7389 de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone 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 & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	ling Address		Address			
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
	ahassee, FL 32314		xecutive Center Circle			
	•	Tallaha	ssee, FL 32301			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2015

Jill Sanford After All Painting Inc 12337 Teal Run Ct. Jacksonville, FL 32258

SUBJECT: AFTER ALL PAINTING, INC.

Ref. Number: P14000054854

We have received your document for AFTER ALL PAINTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the amendment form as the president in the space provided at the bottom of page 4. The Department of state does not show "ownership" on our website. You may list Michael C. Speckman as a shareholder in paragraph E if you wish to.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 115A00003436

Division of Compositions D.O. DOV 6207 Tallahassas Elavida 2021

### Articles of Amendment to Articles of Incorporation of

FILED

2015 FEB 26 AM 10: 43

SEUME MARY OF STATE
JALLAHASSEE, FLORIDA

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

ent(s) to

Profit Corporation adopts the following a
professional corporation name must co
337 TEAL RUN COURT
CKSONVILLE, FL 32258
orida, enter the name of the
55)
, Florida
(Zip Code)
accept the obligations of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	MICHAEL C. SPECKMAN	3509 WALLER ST.
Add			JACKSONVILLE, FL 32205
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

	SURE TO SHOW SHAREHOLDER MICHAEL C. SPECKMAN WITH
ridence OF	a minimum OF 10 percent ownership of the corporation.
, <u>-</u>	
•	
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	11	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 02/26/201	5	
Signature	Could N	
(By a dire	expr, president or other officer - if directors or officers have not been	<del></del>
selected, b	by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
JI	LL A. SANFORD	•
<u> </u>	(Typed or printed name of person signing)	_
. PI	RESIDENT	
	(Title of person signing)	<del></del>