## P140000 80680

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SIGN OF CORPORATIONS

ار عدال 14-3-14 11-3-14

## **COVER LETTER**

TO: Amendment Section

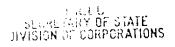
p 17

Division of Corpo	rations		
NAME OF CORPOR	ATION: SOLARTE	PAINTING SER	VICES INC
DOCUMENT NUMB	<sub>ER:</sub> <u>P1400008068</u>	0	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	HAROLD SOLAF	RTE	
-		Name of Contact Person	•
-	SOLARTE PAINT		S INC
	0445 N. A. D. A. B. N.	Firm/ Company	
-	6415 N ARMENI	· · · · · · · · · · · · · · · · · · ·	
	TOAMDA EL 22	Address	
-	TSAMPA , FL 33		
		City/ State and Zip Code	e
VEL	_ANDIA186@HO		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
HAROLD SO	LARTE	at ( 813	930-8015 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the 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)
	ing Address		Address
	ndment Section sion of Corporations		lment Section on of Corporations
	Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of



14 OCT 20 PM 2: 42

## SOLARTE PAINTING SERVICES INC

(Name of Corporation as	P14000			
(Documer	nt Number of Corporation (if	known)		-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation ado	pts the following	g amendment(s) t
A. If amending name, enter the new na	me of the corporation:			
SOLA	ART PAINTING S	ERVICES INC		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporati	ated" or the ai on name must o	bbreviation
		 N/A		
B. Enter new principal office address, (Principal office address MUST BE A S			1 112 11	-
				_
				_
C. Enter new mailing address, if appli	icable:	N/A		
(Mailing address MAY BE A POST		IN/A		-
				_
				_
D. If amending the registered agent an new registered agent and/or the new			of the	
	N/A			
Name of New Registered Agent				
	(Flanila atau	-4 - 4 I		
	(Florida stre	ei aaaress)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	-
	(Cuy)		(Zip Coue)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations o	of the position.	
<del>Maydon or a</del>	C11 5			
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 <math>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: XChange	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			<del></del>
2) Change		N/A	<u> </u>
Add			<del></del>
Remove			
3) Change		<u>N/A</u>	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
4	
	THE TAX TO SERVE THE TA
	****
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
····	
***************************************	

The date of each amendment(s) adoption: 10/15/2014 if other than the date this document was signed. 14 OCT 20 PM 2: 42 10/15/2014 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 (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 10/15/2014 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) HAROLD SOLARTE (Typed or printed name of person signing) **PRESIDENT** 

(Title of person signing)