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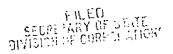
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORBERTO WAT	TERPROOFING SOLUTIO	NS INC		
DOCUMENT NUMB	P14000086801				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	NATALY VALDEZ				
-		Name of Contact Person			
	AROUND THE CORNER TAX & ACCOUNTING SOLUTIONS				
* .		Firm/ Company			
	1382 NW 29 STREET	•			
•		Address	 _		
	MIAMI, FL 33142				
•		City/ State and Zip Code	;		
ATC	raxsolutions@yahoc	O.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
NATALY VALDEZ		at (640-5250		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)		
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

Articles of Amendment to Articles of Incorporation of



16 FEB -8 AM 8: 18

NORBERTO WATERPROOFING SOLUTIONS INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000086801	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NORBERTO PAINTING SOLUTIONS INC	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4547 NW 11 AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33127
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4547 NW 11 AVE
	MIAMI, FL 33127
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Clasida	street address)
(rioriaa .	street duaress)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the position.
Thereby decept the appointment as registered agent. Tumpanina	with and accept the conganous of the position.
Signature of New	v Registered 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.

X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change	_	_			
Add					
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3) Change		_			
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provisions for implementing the amo	hange, reclassifica endment if not cou	ntained in the am	endment itself:		
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f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifics	ntained in the am	endment itself:		

	FILED
The date of each amendment(s) adoption:date this document was signed.	SECIETARY OF SHOULE (frother than the
Effective date if applicable:	16 FEB -8 AM 8: 18
(no more than 90 day	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	•
☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without saction was not required.	hareholder action and shareholder
01/29/2016	
DatedSignature	
(By a director, president or other officer -	
selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	ds of a receiver, trustee, or other court
appointed inductary by that inductary)	
NORBERTO HERNANDEZ	
(Typed or printed name	e of person signing)
PRESIDENT	
(Title of pe	rson signing)