P14000094362

(Requestor's	Name)			
(Address)				
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PICK-UP W	AIT MAIL			
(Business En	tity Name)			
(Document Number)				
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: BJ Bestovation/Painting/Waterproofing Co
DOCUMENT NUMBER: 71400094362
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michel D'Amboise
Name of Contact Person
BJRPW, COVP
310 SW 15th Street Rite#E
Address
- Pompano Beach, FL 33060
City/ State and Zip Code
BJRPW@outlook.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Muchel D'Ambrise at (754) 264, 2685 = The Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

B.J RESTORATION/PAINTING/WATERPROOFING CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)
P14000094362	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpo</i> its Articles of Incorporation:	ration adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation: BJ'S PAINTING CORP	
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	TAS T
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: (City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the ob-	bligations of the position.
Signature of New 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.

Example: 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Ρ	MICHEL D'AMBOISE	310 SW 15TH ST., STE E
Add			POMPANO BEACH, FL
Remove			33060
2) Change	VTS	BERTHA JENNIE SIMPSON	310 SW 15TH ST., STE E
Add			POMPANO BEACH, FL
Remove			33060
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	rticles, enter change(s) here: . (Be specific)
	(N) W
	N[7]
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	The state of the s
an amendment provides for an evo	change, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	MA
	MA

The date of each amendment(s) adoption: November 20th, 2014 date this document was signed.	, if other than the
Effective date if applicable: November 20th, 2014 (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	
by" (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.	14 PER
Dated Movember 30th, 2014	υ T
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)	AKII: 22
(Typed or printed name of person signing)	
President (Title of person signing)	