P15000002672

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE

Munch

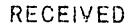
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: TROY SANTOS P	AINTING, INC.		
	1BER: P15000002672			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	TROY SANTOS			
	·	Name of Contact Person		
	TROY SANTOS PAINTING, INC.			
		Firm/ Company		
	761 CROSS BOW LANE			
	Address			
	SANFORD, FL 32773			
		City/ State and Zip Code	•	
	TROY@SANTOSPAINT.CO	ЭМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
TROY SANTOS		at (782-1877	
Name of Contact Person		Area Code & 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)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FL

February 15, 2022

TROY SANTOS 761 CROSS BOW LANE SANFORD, FL 32773

SUBJECT: TROY SANTOS PAINTING, INC.

Ref. Number: P15000002672

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

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.

Letter Number: 022A00003747

Irene Albritton Regulatory Specialist III

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

ed with the Florida Dept. of State)
rporation (if known)
rida Profit Corporation adopts the following amendment(s) to
The new
pany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
SECRETARY OF STATE TALLAHASSEE, FL
address)
, Florida ty)
a and accept the obligations of the position. Stered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>Y</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change			· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					-, .
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

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. If amending or addin	o additional Arti	eles enter chance	n(e) hare			
(Attach additional shee	es, if necessary).	(Be specific)	ets) here.			
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				-		
F. If an amendment pro	vides for an excl	ange, reclassifica	tion, or cancella	ition of issued sh	ares,	
provisions for imple (if not applicable	menting the ame . indicute N/A)	ndment if not co	ntained in the an	nendment itself:		
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 a	lays 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.	le 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 incorporators, or boa action was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throu must be separately provided for each voting group entitled to vo	
"The number of votes east for the amendment(s) was/were	sufficient for approval
by	···
(voting group)	
Dated 2/23/22 Signature	<u>></u>
(By a director president or other officer selected, by an incorporator – if in the l	- if directors or officers have not been transfer trustee, or other court
appointed fiduciary by that fiduciary)	
TROY SANTOS	
(Typed or printed na	me of person signing)
Tres.	
(Title of person sign	ing)