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(((H15000089944 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN RN PAINTING & SERVICES CORP

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H 150000 89944 3

COVER LETTER

TO: Amendment Section Division of Corporations

,					
NAME OF CORPORATION: RN PA	AINTING & SERVICES CORP				
DOCUMENT NUMBER: P15000					
The enclosed Articles of Amendment and fe	e are submitted for filling.				
Please return all correspondence concerning	this matter to the following:				
ERNESTO	VEITIA				
RN & PAIN	Name of Contact Person ITING SERVICES CORP				
1246 NW 3	Firm/ Company 32 PL				
MIAMI, FL	Address 33125				
	City/ State and Zip Code				
gnggtravel@g	mail.com				
E-mail address: (to be used for future annual report notification)					
<u>:</u>					
For further information concerning this matt	er, please call:				
ERNESTO VEITIA	_{at (} 786) 2013835				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:				
S35 Filing Fee S43.75 Filing Certificate of S					
Malling Address	Street Address				
Amendment Section	Amendment Section Division of Corporations				
Division of Corporations P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	266) Executive Center Circle				
:	Tallahassee, FL 32301				

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Articles of Amendment to Articles of Incorporation of

RN PAINTING & SERVICES CORP	
(Name of Corporation as currently filed with the Florida De P1500024689	nt. of State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> its Articles of Incorporation:	rofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
	Тhe пеж
name must be distinguishable and comain the word "corporation," "com, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A pword "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Flo	orida, enter the pame of the
new registered agent and/or the new registered office address:	A TE
Name of New Registered Agent	THE PROPERTY OF THE PROPERTY O
(Florida street address	
	Florida 55 0
New Registered Office Address:(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and a	ocept the obligations of the position.
Signature of New Registered Agent, if c	hanging

H 150000 89944 3

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 PT John Doe X Remove V Mike Jones X Add SV Sally Smith Type of Action Title Name Address (Check One) **JORGE GARCIA** 1246 NW 32 PL, MIAMI, ___ Change FL 33125 Add Remove **ERNESTO VEITIA** 1246 NW 32 PL, MIAMI Change FL 33125 Add Remove Change Add Remove Change Add Remove Change Add Remove Change Add Remove

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ch additional sheets, if necessary). (Be spec	r change(s) here: cific)	
•		
amendment provides for an exchange, rec visions for implementing the amendment if	<u>lassification, or cancellan</u> I not contained in the ame	ndment itself:
((Cust susting the indicate AT/4)		
(y noi applicable, indicale N/A)		I
(у погаррисаріє, таксаїє №Л)		
(у пил аррисарте, таксате м/л)		
(y nui applicable, maicale N/A)		
(у пил аррисарте, таксате м/л)		
(y nui applicable, malcale N/A)		
(у пил аррисарте, таксате м/л)		
(If not applicable, indicate N/A)		

H150000899443

The date of each amendment(s) adoption: 04/13/2015	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 91) days after amendme	nı file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. It must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	al el
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	ction and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated 04/13/2015	
Signature	
(By a affector, president or other officer if directors or of selected, by an incorporator if in the hands of a receiver,	
appointed fiduciary by that fiduciary)	nusice, or other court
JORGE GARCIA	
(Typed or printed name of person	signing)
PRESIDENT	
(Title of person signing)	