P15000025195

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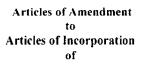
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: T.M. GENE	RAL PAINTING	, INC.		
DOCUMENT NUMBER: P15000025195					
	of Amendment and fee are sul				
Please return all corres	pondence concerning this mat	ter to the following:			
	TIAGO M MANGI	JEIRA			
•	T.M. GENERAL F	Name of Contact Person PAINTING, INC.	1		
	Firm/ Company 840 CYPRESS PARKWAY SUITE F				
	POMPANO BEACH, FL 33064				
•		City/ State and Zip Code	2		
AGENTS@MATTOSINSURANCE.COM E-mail address: (to be used for tuture annual report notification)					
For further information	For further information concerning this matter, please call:				
TIAGO MANGUEIRA at (954) 6250524			, 6250524		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	ertment of State:		
■ \$35 Fiting 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)		
Ame Divis P.O.	ling Address endment Section sion of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building Security Center Circle		

Tallahassee, FL 32301





T.M. GENERAL PAINTI	NG, INC.		
(Name of Corporation as	currently filed with the	e Florida Dept. of State)	
P15000025195			
(Documer	nt Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, th	nis Florida Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new na	ume of the corporation:		
TMM GENERAL SERVICE	CES, CORP		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	"Co". A professional corporation i	" or the abbreviation
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address <u>MUST BE A S</u>		N/A	
		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
(maining data ess marks 22,777,007	orrica Box)	N/A	
		N/A	
D. If amending the registered agent an			<u>he</u>
new registered agent and/or the new Name of New Registered Agent	v registered office addr N/A	ess:	
Name of New Registered Agent	N/A		
		street address)	
New Registered Office Address:	N/A	, Florida N/A	•
nen neganerea ognee maaress.	(C	(Iy) (Z	ip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			e position.
Sig	gnature of New Registere	d 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 <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: X Change	<u>PT</u> <u>Jo</u>	<u>hn Doe</u>		
X Remove	<u>V</u> <u>M</u>	ike Jones		
X Add	<u>SV</u> <u>Sa</u>	dly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
2) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
3) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
4) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
5) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
6) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	



E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

The date of each amendmen	t(s) adoption: N/A	, if other than th
date this document was signed	00/47/0045	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/we	ere adopted by the board of directors without shareholder action and shareholder are adopted by the incorporators without shareholder action and shareholder	
action was not required. Dated 03/	17/2015	
Signature	By a director, fursifient or other officer – if directors or officers have not been	_
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	TIAGO M MANGUEIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	