## P15000037157

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	PAINTING AND PRESSURE WASHING INC
P15000037 DOCUMENT NUMBER:	· - ·
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
RODRIGO POS	ADA
GRUSHOFF & F	Name of Contact Person POSADA
6991 W BROWA	Firm/ Company ARD BLVD STE 105
PŁANTATION, F	Address FL 33317
<del> </del>	City/ State and Zip Code
EZFILEINC@GMAII	L.COM
E-ma	il address: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
RODRIGO POSADA	954 316-2590 at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filin Certificate	ng Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Tallahassee, FL 32301



November 15, 2017

RODRIGO POSADA GRUSHOFF & POSADA 6991 W. BROWARD BLVD - STE. 105 PLANTATION, FL 33317

SUBJECT: M & M PAINTING AND PRESSURE WASHING INC

Ref. Number: P15000037157

We have received your document for M & M PAINTING AND PRESSURE WASHING INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

THE FORM SUBMITTED IS FOR BENEFIT AND SOCIAL PURPOSE. IF THIS IS NOT YOUR INTENTION PLEASE SEE THE ENCLOSED FORM TO MAKE CHANGES.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 517A00023180

## Articles of Amendment to Articles of Incorporation of

Florida Dept. of State)  known)  Corporation adopts the following amendment(s) to
Corporation adopts the following amendment(s) to
771
The new or "incorporated" or the abbreviation ional corporation name must contain the
LL AH DEC
enter the name of the
<u> </u>
<u> </u>
9 <b>0</b>
. Florida
(Zip Code)

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.

$\frac{X}{X}$ Change	<u>PT</u> John	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SEC TR	ANDRES VEGA	5121 SW 168TH AVE
X Add			SW RANCHES, FL 33331
Remove			
2) Change			
Add			*****
Remove			
3) Change		<del></del>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	-		
Add			
Remove			-
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
<del></del>		
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · ·		

The date of each amendment(s) adoption: date this document was signed.	NOVEMBER P, 2017	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, the of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
■ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amenda or approval.	nent(s)
☐ The amendment(s) was/were approved by must be separately provided for each votal.	the shareholders through voting groups. The following staing group entitled to vote separately on the amendment(s)	atement :
"The number of votes east for the ar	nendment(s) was/were sufficient for approval	
by		
	voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and sharehold	er
NOVEMBER 8, 201	7	
Signature X	1. Umenda	
(By a director, <b>b</b> selected, by an i	resident or other officer – if directors or officers have not l neorporator – if in the hands of a receiver, trustee, or other ary by that fiduciary)	peen - court
DARIO	MONCADA	
	(Typed or printed name of person signing)	<del></del>
PRESID	ENT	
	(Title of person signing)	<del></del>

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