## P15000047867

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DM PAINTIN	NG & REPAIRS CORP
DOCUMENT NUMBER: P15000047867	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
HELEN RODRIGUEZ	
	Name of Contact Person
TAXSMART ACCOUN	NTING SERVICES LLC
	Firm/ Company
6653 POWERS AVE S	• •
	Address
JACKSONVILLE, FL	32217
	City/ State and Zip Code
TAXSMARTCORP@GMAII	L.COM
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	
HELEN RODRIGUEZ	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount t	made payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address 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

## Articles of Amendment to Articles of Incorporation of

DM PAINTING & REPAIRS CORP

(Name of Corporation	n as currently filed with the Florida Dept. of State)	
P15000047867		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amend	dment(s) to
A. If amending name, enter the new name of the cor	rporation:	
	The	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbrevia " "Inc," or "Co". A professional corporation name must contain abbreviation "P.A."	tion the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u> )	29
		S 51
	<u> </u>	Ťť.
C. Enter new mailing address, if applicable:	S.S.S.	28
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	_ი ['
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	<u> </u>	- - - - - - - - - - - - - - - - - - -
· · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
Name by New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:	, Florida	
The Analysis of the System Hadiness.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.	
r nervoy accept the appointment as registered agent. 1	i am jammar with and accept the obligations of the position.	
Signa	ature 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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANGEL DE JESUS REYES	2433 BROWNWOOD RD
Add			JACKSONVILE, FL 32207
X Remove			
2) Change	VP	JONATHAN JARELL CORREA	8423 DUSKIN CT
X Add			JACKSONVILLE, FL 32216
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
	Moderation of the Control of the Con
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

	09/16/2015	
	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		<del></del>
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	der
09/16/201 Dated	5	
	<u> </u>	
Signature	be for	
select	director, president or other officer – if directors or officers have no ed by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	JOSE DANIEL MEJIA GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	