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STOKETARY OF STATE
ALLAHASSEE/RLORIDA

COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: RAUL & PADIN	PERFECT WOO	DD WORK	CORP	
DOCUMENT NUME					
	of Amendment and fee are su	 	g.		
Please return all corres	pondence concerning this ma	tter to the follow	ving:		
	RAUL PADIN				
•		ntact Perso	n		
		Firm/ Co	ompany		· · ·
	14050 SW 139 CT				
	MIAMI, FL 33186	Addi 	ress		
		City/ State a	nd Zip Cod		
CLA	raul05@Yahoo.es			• ••	
	E-mail address: (to be us	sed for fixture an	nual report	t notification)	
For further information	concerning this matter, pleas	se call:			
RAUL BORREGO		a. (i	305	965-8715	
Namie c	of Contact Person		Area Co	ode & Daytime Tele	phone Number
Enclosed is a check for	the following amount made	1 payable to the Fl 	lorida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Fili Certified C (Additional enclosed)	ppy	□\$52.50 Filing I Certificate of S Certified Copy (Additional Co is enclosed)	Status
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314		Amend Division Cliftor 2661 E	Address diment Section on of Corporations in Building Executive Center Cit assee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of

R	A	11	1.	R	Ρ.	A	n	11	J	p	E	R	F	F	C	т	١,	V	ſ	X)	Γ	١	V	\mathbf{C}	F	1	K	C	O	R	ı	P

(Name)	of Corporation as curren	tly filed with the Florida Dept. of State)
P15000055256		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
BORREGO PERFECT FINISH CORP		The new
	ation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	14050 SW 139 CT
(Principal office address MUST BE A S		MIAMI, FL 33186 # 5 =
		A R T
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		14050 SW 139 CT
(Mailing duaress <u>MAT DE ATOST</u>)	OFFICE BOX	MIAMI, FL 33186
		RIBATE O
D. If amending the registered agent an		
new registered agent and/or the nev	RAUL BORREGO	<u> </u>
Name of New Registered Agent	14050 SW 139 CT	
		reet address)
New Registered Office Address:	MIAMI	Florida 33186
<u>New Registerea Office Address</u> :		/City) (Zip Code)
New Registered Agent's Signature, if c		
i nercoy accept the appointment as regist	erea agent. Tam jampan	with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should he noted a change, Mike Jones lea Mike Jones, V as Remove,	ind/or D if necess vector title resident = Chief F r, Directo in the followes the co	irector beary) ary) by the fi T= Trec inancial or would be lowing m orporation	eing added: rst letter of the office ti surer; S= Secretary; I Officer. If an officer/o oe PTD. anner. Currently John n, Sally Smith is named	tle: D= Director; TR= Tr. lirector holds more th Doe is listed as the P	lirector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk; \ CEO = Chief nan one title, list the first letter of each office of and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,$
Example: X Change	<u>PT</u>	John Do	<u>c</u>		
X Remove	Y	Mike Jo	nes		
<u>X</u> Add	<u>SV</u>	Sally Sn	nith		
Type of Action (Check One)	Title		Name	,	<u>Addres</u> s
1) Change	VP	_	YORDANI PADIN		15580 SW 146 AVE
Add		•			MIAMI, FL 33177
X Remove					
2) Change		-			.
Add					
Remove					
3) Change		-			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					

_ Remove

. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	1
(Mathematical Silvers, y recession). (No specyto)	
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	<u> </u>
	<u> </u>
If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares.
provisions for implementing the amendment if not conta	ined in the amendment itself:
(if not applicable, indicate N/A)	
	1

09/27/2017	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.	olicable 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 shareholders. I by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s),was/v	vere sufficient for approval ;
by	
(voting group)	
The amendment(s) was/were adopted by the board of director action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators was not required.	rithout shareholder action and shareholder
09/27/2017	
Dated	
(By a director, president or other of	fficer - if directors or officers have not been the hands of a receiver, trustee, or other court ry)
RAUL BORREGO	
(Typed or printe	nd name of person signing)
PRESIDENT	
(Titl	e of person signing)