P150000 61725

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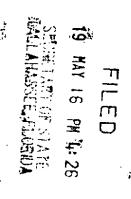
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JUN 04 2019 S. YOUNG



COVER-LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRUE COLORS I	RESTORATION SERVICE	ES, INC.	
DOCUMENT NUM	BER: P15000061725			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	IGOR BAEZ MUNOZ			
		Name of Contact Person	n	
		Firm/ Company		
	2474 AUGUSTA WAY			
		Address		
	KISSIMMEE, FL 34746			
		City/ State and Zip Cod	e	
IGO	RBAEZ@OAL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
IGOR BAEZ MUNOZ		at (⁴⁰⁷		
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing 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)	
Mailing Address		Street	Address	
	endment Section		ment Section	
	sion of Corporations Box 6327		n of Corporations	
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRUE COLORS RESTORATION SERVICES, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P150000617285	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co" A projessional 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)	MAY 16 PH
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	Idress in Florida, enter the name of the
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
ten regulered office numers.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	
Signature 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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P		IGOR BAEZ MUNOZ	2474 AUGUSTA WAY
Add				KISSIMMEE, FL 34746
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

• • • • • • • • • • • • • • • • • • • •	ticles, enter change (Be specific)			
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				<u>.</u>
				
				
<u> </u>	- :-			
f an amendment provides for an excl	nange, reclassificati	on, or cancellation	of issued shares,	
aravisians for implementing the ame	mament ii not cont	ained in the amend	ment itseit:	
provisions for implementing the ame (if not applicable, indicate N/A)				
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				
provisions for implementing the ame				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/09/2019	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
IGOR BAEZ MUNOZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	