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SCONDIANCE OF STATE

AUG 13 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	Meridian Pain	ting, Inc.	
DOCUMENT NUMBE	P15000074065		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Cheryl A. Sanders		
		Name of Contact Person	
	Meridian Painting		
		Firm/ Company	
	37420 Hickory Hill Lane	e	
	<u> </u>	Address	
	Dade City, FL 33525		
_	···	City/ State and Zip Code	
	meridian.painting@yah	oo.com	
		sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Cheryl A. Sanders		813 at (834.4444
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	rtment of State:
S35 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			Address
	ment Section		ment Section
	n of Corporations		n of Corporations
	ox 6327		Building
Tallahassee, FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Meridian Painting, Inc.					
(Name of Corporate	ion as currently fi	led with the Florid	a Dept. of State)		
P15000074065					
(Docur	ment Number of Co	orporation (if known	1)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Flo</i>	rida Profit Corpora	ation adopts the fo	Howing amend	ment(s)
A. If amending name, enter the new name of the c	orporation:				
				The n	ew
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc, " or "Co"	". A professional c	incorporated" or corporation name	the abbreviat	ion
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					_
	-			50 6	_
	-				-
C. Enter new mailing address, if applicable:	() V ()			- E	Ξ
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		<u></u> .	SEE	– tu
	-			<u> </u>	- 0
	-		,	<u>်င္း ယူ</u>	<u>'</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter t	he name of the	NA Z	<u>'</u>
Name of New Registered Agent					
 	(Florida street d	address)			
New Registered Office Address:			, Florida		
	(Cit	לען		(Zip Code)	_
New Registered Agent's Signature, if changing Reg	vistered Avent:				
I hereby accept the appointment as registered agent.	I am familiar with	and accept the obli	igations of the pos	sition,	
Sia	nature of New Revi	stered Agent if cha	nving		

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.

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>	Address
1) Change	Sec	Randall L. Sanders, Jr	13116 Sherman Dr
X Add			Hudson, FL 34667
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
O Char			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
•			
		 	-
			
	<u> </u>		
			,
			 -
	. 		
			
			
If an amendment provides for an exch	ango raclassification or cancall	ation of icenad charge	
provisions for implementing the ame	idment if not contained in the ar	nendment itself:	
(if not applicable, indicate N/A)			
No Change in Ownership: Cheryl A. S	anders 40%		
Randy L. S	Sanders, Jr. 40%		
Page D	Johns 20%		
Bryan D.	Holmes 20%		
Bryan D.	Holmes 20%		
Bryan D.	Holmes 20%		
Bryan D.	Holmes 20%		
Bryan D.	Holmes 20%		
Bryan D.	Holmes 20%		

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
August Dated	1, 2018	
Signature	CherylSanders	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Cheryl A. Sanders	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	