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(Cir	y/State/Zip/Phone	#}
PICK-UP	☐ WAIT	MAIL
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(50	omicoo Emily Mann	.,
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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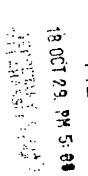
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MERIDIAN PAI	NTING, INC.		
DOCUMENT NUM	BER:P15000074065			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	CHERYL A. SANDERS			
		Name of Contact Person	1	
	MERIDIAN PAINTING. IP	NC.		
		Firm/ Company		
	37420 HICKORY HILL LA			
		Address		
	DADE CITY, FL 33525			
		City/ State and Zip Cod	e	
M	ERIDIAN.PAINTING@YAHO	OO.COM	,	
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
CHERYL A. SAND	PERS	352	834-4444	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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 Amendment Section			Address Iment Section	
Div	vision of Corporations	Division of Corporations		
	D. Box 6327	Clifton Building 2661 Executive Center Circle		
1 a	llahassee, FL 32314	2001 B	vecause center energ	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MERIDIAN PAINTING, INC
------------------------

(Name of Corporation	on as currently filed with the Florida Dept. of State)	
P15000074065	<del></del>	
(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 amendment	(s) to
A. If amending name, enter the new name of the cor	rporation:	
	The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	I "corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS )	
		=
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	ILE B
(maining address) <u>Marit Marit Got Grant Got</u>		
	· . · ·	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		
Name of New Registered Agent		
-		
<del></del>	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regis	istored Agents	
Thereby accept the appointment as registered agent. 1	am familiar with and accept the obligations of the position.	
Signa	uture 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>oe</u>			
X Remove	<u>v</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	S		RANDALL L. SANDERS	13116 SHERMAN DR		
Add X Remove		_		HUDSON, FL 34667		
2) Change		_		the state of the s		
Add						
3 ) Change		_				
Add						
4) Change		_		<del></del> -		
Add						
5) Change						
Add Remove						
6) Change						
Add		_				
Remove						

Attach <i>additional sh</i> e	vets, if necessary).	(Be specific)			
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provisions for impl (if not applicab	ovides for an excha ementing the amend le, indicate N/A) L. SANDERS, JR A	dment if not conta	ained in the amer	<u>idment itself:</u>	<u>s.</u>
BRYAN D. HOLME	S 50% SHARE HOL	_DER			
CHERYL A. SANDI	ERS 50% SHARE H	OLDER			
					_

ret i a e i timo do o a la compa	EFFECTIVE 10/1/2018	it athan than the
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
<del>-</del>	7/1/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date behavior of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
	st for the amendment(s) was/were sufficient for approval	
by MAJORITY STOC	KHOLDERS, CHERYL SANDERS & BRYAN HOLM	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/1/20	018	
DatedSignature	Bery Sanden	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cominted fiduciary by that fiduciary)	
	CHERYL SANDERS	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	