# P160000033616

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	VR PAINTING SERVICES, CORP.			
DOCUMENT NUMBER:	P16000023616			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence	concerning this matter to the following:			
VALCLIDES MARQUI				
	Name of Contact Person			
VR PAINTING SERVICES, CORP.				
-				
Firm/ Company				
1983 NE 53RD CT. Address				
			5	
POMPANO BEACH, FL 33064  City/ State and Zip Code			Œ	
City/ State and Zip Code				
	ALCLIDESBILLE@GMAIL.COM	43.4	သ	
E-ma	il address: (to be used for future annual report notification)		AX IO:	
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For further information concerning	ng this matter, please call:		N	
VALCLIDES MARQUI	at (_305)780-1205			
Name of Contact	Person Area Code & Daytime Telephone Number	_		
Enclosed is a check for the follow	wing amount made payable to the Florida Department of State:			
	3.75 Filing Fee & Substitute of Status Certified Copy (Additional copy is enclosed)  Substitute of Status Certified Copy (Additional Copy is enclosed)			
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection Amendment Section rporations Division of Corporations Clifton Building			

FREE TO MOUNT

## **Articles of Amendment Articles of Incorporation**

#### VR PAINTING SERVICES, CORP.

### (Name of Corporation as currently filed with the Florida Dept. of State)

P16000023616				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment	
A. If amending name, enter the new name	e of the corporation:			
			The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corpo	porated" or the abbreviation	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		1983 NE 53RD CT.		
		POMPANO BEACH, FL 3	POMPANO BEACH, FL 33064	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1983 NE 53RD CT.		
		POMPANO BEACH, FL 3	33064	
D. If amending the registered agent and/o new registered agent and/or the new r			ame of the	
Name of New Registered Agent	1983 NE 53RD CT.			
	(Florida stre	et address)	<del></del>	
Non-Besident Office Address	POMPANO BEACH	,	_, Florida33064	
New Registered Office Address:		City) ·	(Zip Code)	
			•	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar w	ith and accept the obligation	ons of the position.	
. 11		7 3	<b>3 1</b>	

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>e</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	_VP		RAYLLAN FERNANDES DE SOUZA	1020 CRYSTAL LAKE DR. #210	
Add				POMPANO BECAH, FL 33064	
X Remove					
2) X Change	Р	_	VALCLIDES MARQUI	1983 NE 53RD CT.	
Add				POMPANO BEACH, FL 33064	
Remove					
3)Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_			
Remove				-	
Romove				<del></del>	
6) Change		_			
Add					
Remove					

- ,,	icles, enter change(s) here:  (Be specific)
Transmission and the second and the	anda raciaccification or cancallation of iccuad charac
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if o	ther th	nan th
date this document was signed.	•		
Effective date if applicable:  (no more than 90 days after amendment file date)			
(no more than 90 days after amenament file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be	listed	as th
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)			
(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.	SECILETA	16 AUG	erena T
Dated 08/15/2016	// <del>1</del>	9	ii dha beyen L
Signature Valcliols magni	7 en.	P	3 T 3 S S S S S S S S S S S S S S S S S
(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)	1 2 2 1 *	); 42	**
VALCLIDES MARQUI			
(Typed or printed name of person signing)			
P			
(Title of person signing)			