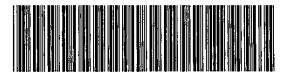
P14000024543

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Amend

OCT 2 6 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SelemA PAINTING AND WELL CORRECTED BOOCUMENT NUMBER: P16000024543
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Selema Painting and Wall Corney Firm/ Company 3/63 Sw 25 tacra ce Address Diane F/33/45 City/ State and Zip Code Diveka Ramos 60 Dogmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Solution So
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorporation
	_	of

Selema Yau	inting and Na	el Coxerex, C
	on as currently filed with the Florida Dep	ot. of State)
	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation a	adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:	
	N/8/	The new
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the designation of the designation or the designation or the designation or the designation of the designation or the designatio	" "Inc," or "Co". A professional corpor	oorated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
		Pos Co
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>.</u>	2
D. If amending the registered agent and/or register new registered agent and/or the new registered of		ime of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
New Registerea Office Adaress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligation	ons of the position.
Signo	ature 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.

X Change	PT	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
i) 1 Change	P	Nuirka Ras	nos 3168 swasterac Mami, F/33145
Add			Mani, F/33145
Remove			<u> </u>
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 Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	10/20/16.	, if other than the
date this document was signed.		
Effective date if applicable:	10/20/16	
	more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not me document's effective date on the Department of State		rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approx		the amendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by		
(voting g	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder actio	n and shareholder
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and	i shareholder
Dated	16	2
Signature	ba Kamos	
	or other officer – if directors or officer ator – if in the hands of a receiver, trust	
appointed fiduciary by the		
	/ / / / / / / / · · · · · · · · · · · ·	nos
(Type	ed or printed name of person signing)	
	President	
	(Title of person signing)	