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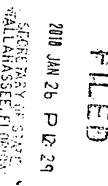
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JAN 2 9 2018 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporation			
NAME OF CORPOR	ATION: FAMILY PAINTI	NG INC	
DOCUMENT NUMB	ER: P16000026524		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	IAIME GUZMAN		
_		Name of Contact Perso	1
I	BROTHERS MULTISERVI		
-		Firm/ Company	
_		Address	
!	MIRAMAR, FLORIDA 330		
-		City/ State and Zip Cod	2
BROT	HERSMULTISERVICIOS@	DGMAIL COM	
	•	sed for future annual report	notification)
	13	opare	
For further information	concerning this matter, pleas	se call:	
JOVITA SOLIS-VELA	SQUEZ	561 at (633-8543
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Amen Divis P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as currently t	filed wi	with the Florida Dept. of State)	
FAMILY PAINTING INC	wer person no swits this		The state of the s	
	(Document Number of C	Corpora	ation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this FR	orida F	Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new na	ime of the corporation:			
N/A			The ne	***
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Ce)". A	professional corporated" or the abbreviation professional corporation name must contain the	n
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli		N/A		
(Mailing address <u>MAY BE A POST</u>)	OFFICE BOX)			
D. If amending the registered agent an new registered agent and/or the new		s in Fl		
	N/A			
Name of New Registered Agent				
	(Florida street	addres	\$\frac{1}{2}	
New Registered Office Address:	N/A		, Florida	
	(C	ity)	(Zip Code)	
New Registered Agent's Signature, if cl	hanging Registered Agent:		ASS CONTRACTOR OF THE PARTY OF	
thereby accept the appointment as regist		h and	accept the obligations of Hig position.	
			accept the obligations of Hierositian.	•
		ı	AN 26 F	
	Signature of New Reg	istered		
	marining by their Reg		Agent, if changing	

•	
If amending the Officers and/or Directors, enter the title and name of each	h 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	r: TR= Trustee: C = Chairman or Clerk: CEO = Chief
Executive Officer: CFO = Chief Financial Officer. If an officer/director hole	Is 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 Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		GERARDO A HERRERA	523 41ST STREET
X Add				WEST PALM BEACH, FL
Remove				33401
2) X Change	Р		SOLIS VELASQUEZ JOVITA	523 41ST
Add				WEST PALM BEACH, FL
Remove				33401
3) Change			-	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
444	
. If an amendment provides for an exchange, reclassification, or ca	ncellation of issued shares.
provisions for implementing the amendment if not contained in t (if not applicable, indicate N/A)	the amendment itself:
N/A	
······································	

· ·	
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	umendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
the amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	der action and shareholder
1/10/2018 Dated	
Signature Jovita Solis	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
JOVITA SOLIS	
(Typed or printed name of pers	on signing)
PRESIDENT	
(Title of person sign	ning)