Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000951653)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: BROTHERS MULTISERVICIOS Account Name

Account Number : I20180000001 Phone : (954)300-1609

Fax Number : (954)252-2487

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

BROTHERSMULTISERVICIOS@GMAIL.COM

COR AMND/RESTATE/CORRECT OR O/D RESEGN VYV BROTHERS PAINTING INTERNATIONAL 🔊

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Corporate Filing Menu

(((H180000951653)

19542522487 From: JAIME GUZMAN

(((H180000951653)))

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION	N: VYV BROTHERS	S PAINTING INTERNATION	ONAL INC
DOCUMENT NUMBER: P	16000031183		
The enclosed Articles of American	ndment and fee are su	buitted for filing.	
Please return all corresponden	see concerning this ma	tter to the following:	
MARI	A A GARCIA GODO	Y	
		Name of Contact Person	1
VYV E	BROTHERS PAINTIN	IG INTERNATIONAL IN	С
		Firm/ Company	
6358 S	17TH DR LOT 804		
		Address	
WEST	PALM BEACH, FL 3	33415	
		City/ State and Zip Code	2
BROTHERS	MULTISERVICIOS@	ùGMAIL.COM	
	~	sed for future annual report	notification)
		•	
For further information concer	rning this matter, pleas	se call:	
MARIA A GARCIA GODO	Y	at (561	315-6684
Name of Conta	et Person		de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	urtiment of State:
	\$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 Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dep	t. of State)	1
P16000031183			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation a	dopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>		
VYV BROTHERS PAINTING SERVICES INC			The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corpor		
D. Enter new principal office address if applicables	N/A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
		.641 -	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi		me of the	
new registered agent and/or the new registered office add		me of the	
new registered agent and/or the new registered office add		me of the	
new registered agent and/or the new registered office address Name of New Registered Agent N/A	·ess:	me of the	
new registered agent and/or the new registered office address Name of New Registered Agent (Florida N/A			
new registered agent and/or the new registered office addi Name of New Registered Agent (Florida	ress:	me of the	(Zin Code)
Name of New Registered Agent Note: Note: New Registered Agent (Florida N/A)	·ess:		(Zip Code)
Name of New Registered Agent (Florida N/A	ress: a street address) (City) ent:	, Florida_	·
new registered agent and/or the new registered office adds Name of New Registered Agent (Florida New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's Si	ress: a street address) (City) ent:	_, Florida ns of the pos	sition.
Name of New Registered Agent Now Registered Office Address: N/A New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's registered agent. I am familia	ess: (City) ent: ar with and accept the obligation	, Florida_	sition.
Name of New Registered Agent N/A (Florida New Registered Office Address: N/A New Registered Office Address: N/A New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. 1 am familia	ress: a street address) (City) ent:	, Florida_	sition.
Name of New Registered Agent Now Registered Office Address: N/A New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's hereby accept the appointment as registered agent. 1 am familia	ess: (City) ent: ar with and accept the obligation	_, Florida ns of the pos	sition.
Name of New Registered Agent N/A (Florida New Registered Office Address: N/A New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's registered agent. 1 am familia	ess: (City) ent: ar with and accept the obligation	, Florida_ ns of the pos TALLAHASS	sition.
Name of New Registered Agent Now Registered Office Address: N/A New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's hereby accept the appointment as registered agent. 1 am familia	ess: (City) ent: ar with and accept the obligation	, Florida_ ns of the pos TALLAHASS	AR 26 A
Name of New Registered Agent Now Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's registered agent. I am familial Signature of New Si	ess: (City) ent: ar with and accept the obligation	Florida_ Florida_ - Florida_ - Florida_ - SEEFI JARY OF STATE TALLAHASSEE, FLORID	sition.

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:

 $P \sim President$; $V \sim Vice President$; $T \sim Treasurer$; $S \sim Secretary$; $D \sim Director$; $TR \sim Trustee$; $C \sim Chairman or Clerk$; $CEO \sim Chief$ Executive Officer; $CEO \sim Chief$ 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	T	ADRIAN TORREZ JIMENEZ	6358 S 17TH DR LOT 804
Add			WEST PALM BEACH, FL 33415
Remove			
2) X Change	VP	ANTONIO TORRES FLORES	6358 S 17TH DR LOT 804
Add			WEST PALM BEACH, FL 33415
Remove 3) Change	s	LUIS E SAMPUEL GARCIA	6358 \$ 17TH DR LOT 804
X Add			WEST PALM BEACH, FL 33415
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

L. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
/A	
· · · · · · · · · · · · · · · · · · ·	
···	
	
. If an amendment provides for an excl	nange, reclassification, or cancellation of Issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	
1"	

The date of each amendment(s) a date this document was signed.	doption:		, if other than the
Effective date if applicable:			
<u></u>	(no more	than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the U		applicable statutory filing requirements, the	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s		s. The number of votes east for the amendm	ent(s)
		rs through voting groups. The following sta led to vote separately on the amendment(s):	tement
"The number of votes cas	for the amendment(s) w	us/were sufficient for approval	
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)		
☐ The amendment(s) was/were action was not required.	opted by the board of dir	ectors without shareholder action and sharel	oolder
The amendment(s) was/were ac action was not required.	opted by the incorporator	rs without shareholder action and shareholde	r
3/25/2018 Dated			
Signature	Maria 6	arcia	
(By a select	lirector, president or othe	er officer - if directors or officers have not be f in the hands of a receiver, trustee, or other	
	MARIA A GARCIA G	ODOY	
	(Typed or pr	inted name of person signing)	
	PRESIDENT		
		Title of person signing)	