## P16000 31183

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VYV Brothers PAINTING SCHUICES  DOCUMENT NUMBER: 16000031183
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Antonino torres  Name picontag Person
UNU buthers pointing securces INC
6358 5 17 Ox Jot 804
West Palm Festil, Fl. 33415
City/ State and Zip Code  Antoniotottes 4384 (a) Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment

## to Articles of Incorporation

, ) ] a	of	трогации		
14V Brathers PA	inting	SEXVIO	65 IN	
(Name of Corporation	as currently	filed with the Flo	rida Dept. of S	itate)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>)</b>			
(Docume)	nt Number of (	Corporation (if kno	own)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:		Slorida Profit Corp	oration adopts	the following amendment(s)
A. If amending name, enter the new name of the corp	<u>poration:</u>			
name must be distinguishable and cantain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab	"hic," or "C	o". A profession		
B. Enter new principal office address, if applicable:				<u> </u>
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u> )			
		_		
				m
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	,			دے
N. 16			.1 .	•
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ess in Florida, ento	er the name of	<u>the</u>
Name of New Registered Agent				
<u>Name of New Registerea Agem</u>		•	· · · <u>-</u> -	
	(Florida stree	et address i		
	10, 111, 21, 11			
New Registered Office Address:		City)		rida (Zip Code)
		•		·
New Registered Agent's Signature, if changing Regis		ist and anomal sta	ah limusima nefsi	la manielan
I hereby accept the appointment as registered agent. I d	am jamutar wi	ин апа ассері іне і	лон <b>у</b> анопѕ ој н	не ромноп.
Signat	ure of New Re	gistered Agent, if o	hanging	

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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)  1) Change Add Remove	<u>Title</u>	Antonino toxxes	Address 6358 5 FM OV Lot 804 W/6, FL 33415
2) Change Add		· · ·	
Remove 3 ) Change Add Remove			
4) Change Add Remove		<u> </u>	
5) Change Add			
Remove  61 Change  Add  Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	<del>.</del>	
····		
•		
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
,		
·		

 The date of each amendment(s) adoptic	on: 5/30/18	if other than the
date this document was signed.  Effective date if applicable:	5/30/R (no more than 90 days after amendment)	
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requ	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for int for approval.	r the amendment(s)
	d by the shareholders through voting groups. The voting group entitled to vote separately on the ar	
"The number of votes east for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	. <del>"</del>
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder acti-	on and shareholder
Dated  Signature  (By a directe selected, by	by the incorporators without shareholder action as  Carcia  or, president or other officer – if directors or office an incorporator – if in the hands of a receiver, truiduciary by that fiduciary)	ers have not been
<del>_t</del> )	(Typed or printed name of person signing)	<u>-</u>
	(Title of person signing)	