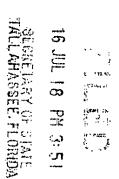
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NC : AMEND

JUL 1 8 2016 D CONNELL



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2016

HECTOR PAULINO 9919 NW 43 TERRACE DORAL, FL 33178

SUBJECT: HECTOR PAULINO JR, PA

Ref. Number: P16000044841

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

YOU ARE ALSO LISTED AS THE "PTS" UNDER THE OFFICER/DIRECTOR DETAIL USING THE NAME HECTOR PAULINO, JR. SHOULD IT BE CHANGED ALSO. IF SO, MAKE THE CHANGE ON PAGE 2 OF 4 OF THE DOCUMENT.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 516A00014640



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2016

HECTOR PAULINO 9919 NW 43 TERRACE DORAL, FL 33178

SUBJECT: HECTOR PAULINO JR, PA

Ref. Number: P16000044841

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 416A00013404

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Hector Paulino Jr, PA DOCUMENT NUMBER: P16000044841					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Hector Junior Paulino Name of Contact Person					
Firm/ Company					
Firm/ Company QQ Q N 1 4 2 To P 32 44					
Address					
DORAL FL 33178					
City/ State and Zip Code					
hPaulino78@ GMail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Hector Junior Paulino at (786) 704-1713					
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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment

to Articles of Incorporation
11 In Delin Tropo
HECTOR Paulino Sr, PA
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: Hector Junior Paulino PA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
Name of New Registered Agent Hector Junior Paulino
9919 NW 43 TER (Florida street address)
New Registered Office Address: DORAL , Florida 33178 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 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>	<u>Addres</u> s
1) Change			
A d d			
Remove			
2) Change			
Add		• •	
Remove			
3) Change			
Add			•
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
THE NAME OF THE OFFICER IN THE CORPORATION, HECTOR PAULINO, JR., IS CORRECTING HIS NAME TO				
COMPLY WITH STATE REQUIREMENTS. THE NAME OF THE OFFICER IN THE CORPORATION SHOULD BE				
HECTOR JUNIOR PAULINO WITH THE TITLES PTS.				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				

The date of each amendment(s) adoption: July 7, 2016 date this document was signed.	, if other than th
Effective date if applicable:	,
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll 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)	
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.	
7/1/	
Dated	
lante fact	
Signature / Sulfa Taulium (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)	
Hector Junior Paulino (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	