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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOORES PAINT	ING BY LISA INC			
DOCUMENT NUMBER: P16000060566	 			
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
LISA MOORE WENZEL				
**************************************	Name of Contact Persor	1		
MOORES PAINTING BY L	MOORES PAINTING BY LISA INC			
	Firm/ Company			
10402 SHERROUSE ROAD	•			
	Address			
LAKELAND FL 33810				
	City/ State and Zip Code	B		
TALKTOALA@GMAIL.COM				
_	sed for future annual report	notification)		
(,	-		
For further information concerning this matter, please	se call:			
JEANNIE CHODAZECK	at (863	668-1900		
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 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address iment Section on of Corporations Building executive Center Circle ussee, FL 32301		

Articles of Amendment to Articles of Incorporation of

MOORES PAINTING BY LISA INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent; am familiar with and accept the obligations of the position.
Sionat	ure 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	LISA MOORE	-
Add X Remove			
2) Change	P	LISA WENZEL	10402 SHERROUSE ROAD
X Add			LAKELAND FL 33810
Remove 3) Change	S	DOUG THORNTON	1908 BARNES STREET
X Add			PLANT CITY FL 33565
Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

f amending or ade Attach additional se	ling additional Articles, en neets, if necessary). (Be sp	ter change(s) here: pecific)		
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			,	
•				
<u>provisions for im</u>	rovides for an exchange, r	eciassification, or canc if not contained in the	ellation of issued shar amendment itself;	· <u>·es,</u>
(if not applica	ble, indicate N/A)			

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 will not be lis document's effective date on the Department of State's records.	ted as the
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.	
07-26-2016	
Dated	
Simon Sugar West	
Signature (By a director, president or other 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)	
Lisa Wenzel	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	-