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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PPS PAINTING OF FLORIDA INC P16000077625 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YADIRA JIMENEZ Name of Contact Person Firm/ Company 4338 KINGSFIELD DR Address PARRISH, FL 34219 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	PPS	PAIN'	TING	OF I	FI ORII	DA INC
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PPS PAINTING OF FLORIDA INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	· - · - · - · - ·
P160000776	2.5	رى .
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Torida Profit Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporation:		
·		_The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P,A."		
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4338 Kingsfield T	DR
	PARRISH, FL 342	19
D. If amending the registered agent and/or registered office address: Name of New Registered Agent		
(Florida stre	et address)	_
New Registered Office Address:	, Florida	Code)
· ·		,
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	
Theat if annihable		
	0 68	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	e), F.S.	

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	MP	Billy CANAles	4338 Kingsfield DR.
<u> </u>		,	PARRISH, FL 34219
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
· · · · · ·	
	
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
()	
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	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the ameracient for approval.	idment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected,	ector president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth d fiduciary by that fiduciary)	ot been ner court
_	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	

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