# P17000003702

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DA)	dress)	
	dress)	
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	PRO PAINTER PS	L CORP		
	P17000003702			
The enclosed Articles of Amend	<i>lment</i> and fee are sub	omitted for filing		
Please return all correspondence	concerning this mat	ter to the followi	ng;	
	JAIRO A MESA			
<del></del>		Name of Cont	act Person	
	PRO PAINTER PS	L CORP		
	<u> </u>	Firm/ Cor	npany	
	8753 S FEDERAL	HWY 1		
		Addre	SS	
	PORT ST LUCIE	. FL 34952		
		City/ State and	l Zip Code	
prop	ainterpsl@gmail.cor	n		
E-ma	ail address: (to be us	ed for future ann	ual report no	tification)
For further information concerns	ing this matter, pleas	e call:		
JAIRO A MESA		at (	772 )	203-9827
Name of Contact Person			Area Code	& Daytime Telephone Number
Enclosed is a check for the follo	wing amount made p	payable to the Flo	orida Departi	nent of State:
	3.75 Filing Fee & rtificate of Status	□S43.75 Filin Certified Cop (Additional co- enclosed)	py	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Adda Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Division of The Central No.	Idress ent Section of Corporations tre of Tallahassee Monroe Street, Suite 810 ee, FL 32303

#### Articles of Amendment

to

# Articles of Incorporation

of

# PRO PAINTER PSL CORP

(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)	
P17000003702	<del></del>		
(Document Num	ber of Corporation (if known	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corpo</i>	ration adopts the following an	mendment(s) to
A. If amending name, enter the new name of the corporation	n:		
			e new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp." "Inc," or "Co "chartered," "professional association," or the abbreviation ",	". A professional corpo	orated" or the abbreviation " ration name must contain th	Corp.," e-word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	,	2020	
		70	F &
C. Enter new mailing address, if applicable:		£	* 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>		
	<u>-</u>		1222
		1 27	v
D. If amending the registered agent and/or registered office	address in Florida, enter	the name of the	
new registered agent and/or the new registered office add	dress:		
Name of New Registered Agent			
(Florie	da street address)		
New Registered Office Address:		Γ[*	
the regimered office radiress.	(City)	Florida	<del></del>
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famia	gent:	diantisma of the monition	
Tun jami	nar wan ana accept the m	algadons of the position.	
Signature of Ne	ew Registered Agent, if cha	ınging	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (	(11) (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: $\underline{X}$ Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	JOSE MONNAR	13857 SW 163 ST
X Add			MIAMI, FL 33177
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	<del></del>
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
•	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	endment is not contained in the anichament tisen.
(if not applicable, indicate N/A)	

ř

	JULY 24, 2020	***
The date of each amendment(s) ad	option:	, if other than
date this document was signed.	11 1/ 24 2020	
Effective date if applicable:	JULY 24, 2020	
interive date <u>ir appreasie</u> .	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the ficient for approval.	he amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer for the amendment(s) was/were sufficient for approval	
	·	
оу	(voting group)	
Dated	7/24/2020	
Signature		
selected	ector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	JAIRO A MESA	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	