## P1700004322

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Do	cument Number	)	
Certified Copies	Certificate	s of Status	
Special Instructions to	Filing Officer:		
<u> </u>			

Office Use Only



02/09/17--01008--026 \*\*35.00



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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: REMODELING INCOMENT NUMBER: PM 000004322
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  CC Painting "Remodeling Ine Firm/Company  204 Dogwood Drive  Address  Plant City FL 33565  City/State and Zip Code  Smallbizunitalhormail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813), 298-3652  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  Certificate of Status  Certificate of Status  Certificate Copy (Additional copy is enclosed)  Certificate Of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PC Painting ; Rem	odcling In 8	Florida Dept. of State)	
P17000	004377		
(Doct	ument Number of Corporation (if	known)	*****
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit C</i> o	orporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of the	corporation:	3	TO THE New Y
name must be distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the	rp," "Inc," or "Co". A professi		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	( <i>QX</i> )		
D. If amending the registered agent and/or registenew registered agent and/or the new registered	ered office address in Florida, e d office address;	nter the name of the	•
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	
	(City)	(2)	ip Code)
lew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the	e obligations of the position	ī.
Sign	nature of New Registered Agent. is	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	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	· Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Cruz, Cruz	204 Dogwood Dr
Add			Plant City FL 33565
_X_ Remove			<u> </u>
2) Change	P	Ruben Cruz	204 Dogwood Dr Plant City Th 33565
Remove			Havi Cag PC >3
3) Change			
Add			**************************************
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional shee	g additional Artic ts, if necessary).	(Be specific)				
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f an amendment prov provisions for impler	ides for an exchange the amen	inge, reclassifica	tion, or cancellat	ion of issued sh	ares,	
(if not applicable,	indicate N/A)			thathent Hacir		
			" ***			
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	and the second					

The date of each amendment(s) adoption:, if oth	er than the
the date of each amendment(s) adoption:	
Effective date	_
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be led document's effective date on the Department of State's records.	isted as the
Adoption of Amendment(8) (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.	
Dated_O1 31 2017	
Signature	
(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)	
Rosalio Ventura	_
(Typed or printed name of person signing)	
T Queller	
(Title of person signing)	_