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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SPECIAL	1ST PAINTING ENTERPRISES, IN
DOCUMENT NUMBER: <u>P17000</u>	009787
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Jose L	Name of Contact Person
SPECIALIS	ST PAINTINGENTERPRISES, INC. Firm/ Company
<u>832 Sw</u>	25 STREET Address
FORT LAL	OTOFRALE FL 33315 City/ State and Zip Code
Special part E-mail address: (to be	nting iose a a Mail. COM vused for future annual report polification)
For further information concerning this matter, ple	ase call:
JOSE LUPEZ Name of Contact Person	at (954) 471-8290 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

SPECIALIST PAINITIAL C- ENTE	RPRISES, AIC. filed with the Florida Dept. of State)	
P17000009787		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>	<u> </u>
	ر. النت	
	<u> </u>	25
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
(Mailing univers MAT BE A TOST OF THEE BOA)		ά.
		148
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		_
(Florida stre	zei address)	_
· ·		
New Registered Office Address:	, Florida (City) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.	
Signature of New D	egistered Agent, if changing	_
Signature of New K	egmerea rigem, y enanging	

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 D	<u>Ooc</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u> _	JOSE LOPEZ SR	832 SW 25 STREE
Add			FORT LAUDERDALE
Remove			FLORIDA 33315
2) Change	<u>P</u>	JOSE LOPEZ IR	532 SW 25 STREET
<u> </u>			FORT LAUDERDALE
Remove			FLORIDA 33315
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional attach additional sheets, if necessar	ry). (Be specific)			
				<u> </u>
	<u> </u>			
				
		<u> </u>	<u></u>	
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			<u> </u>	
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an amendment provides for an	exchange reclassifi	cation, or cancellati	ion of issued share:	S.
provisions for implementing the	amendment if not c	ontained in the ame	endment itself:	
(if not applicable, indicate N/A	4)			
(9 1100 110 110 110 110 110 110 110 110 1	- /			
				
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				_

late this document was signed.	doption:	<u> </u>
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendme officient for approval.	nt(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Datedi_	/18/18 Gustatos	
selecte	director, president of other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other of need fiduciary by that fiduciary)	court
	TOSE LOPI-Z JR (Typed or printed name of person signing)	<u></u>
	VICE - PRESIDENT (Title of person signing)	