P170000 21224

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: GATOR PAINTERS, TIME DOCUMENT NUMBER: P17000021224
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
McGRANE RAMBER ACTO Fred Firm/ Company
Mc GRAN & MAUREL ACTO fre
Firm/ Company
1) 11 13 13 13 17 17 17 17 17 17 17 17 17 17 17 17 17
GA, USTUILLE, FZ 32601
City/ State and Zip Code
MI AURERIZIE @ YAMOO. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEROME MANCER 11, 352, 374-6789
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee 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 Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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Articles	of	Incorp	poration
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Articles of the	•	
(1000)		
GATOR PAINTE	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	y filed with the Florida Dept. of State)	
P 17 0000212		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:	NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable:	+ ! / ! _	
(Principal office address MUST BE A STREET ADDRESS)	10/14	
		
C. C. C. W. Harry Translighter		19NOV 27
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A . /	27
	11/1/	
		AH O: L
		<u> </u>
	1 22 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
	· /	
Name of New Registered Agent		
	/////	
(Florida stre	et address)	
New Revistered 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 wi	ith and accept the obligations of the posi	tion.
	1 / /	
//	1/A	
Signature of Nove Re	gistered Agent, if changing	
Signature of iten ite	5 ····· · · · · · · · · · · · · · · · ·	

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>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change	VP_	MARISSA MCCALL	'n'
Add			1554 NW 215T AVE CHINES WILL, FZ 32605
Remove			(Mussulle, TZ 32605
2) Change	<u>VP</u>	NICKY TAMPAS	1534 NW 215T AUS (MINES VILLE, FL 32605 1554 NW 215T AUS
Add			1534 NW 21STAV
Remove		Mark Turing	1771-63 VIIIE, 12 32603
3) Change	<u> </u>	MAKR L. 19 411ES	1554 NW21ST AVE
Remove			1554 NW21ST AVE GANUESULLE) FU3260
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
/ .	
AII	
	_
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
MIX	
V 1 '	

· · · · · · · · · · · · · · · · · · ·	CPTEM PER	30,2019	, if other than the
date this document was signed.		,	
Effective date if applicable:			_
(n	o more than 90 days after am	endment file date)	
Note: If the date inserted in this block does not n document's effective date on the Department of Stat		filing requirements, this date will	not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)		
The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximately the shareholders was sufficient for approximately sufficient for approximately sufficient for	eholders. The number of vote oval.	es cast for the amendment(s)	
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro			
"The number of votes cast for the amendme	ent(s) was/were sufficient for	approval	
by			
by(voting s	group)		
☐ The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareho	older action and shareholder	
☐ The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder	action and shareholder	
Dated	19		
Signature	R nugher		_
	or other officer - if directors		
setected, by an incorpor appointed fiduciary by t	ator – if in the hands of a rece hat fiduciary)	eiver, trustee, or other court	
	KI. MYH		
(Туре	d or printed name of person s	signing)	
\hat{f}	DESIDENT		

(Title of person signing)