

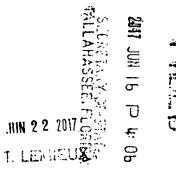
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FLORIDA MULT	ICOLOR PAINTING INC			
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ANGEL DIEZ				
		Name of Contact Perso	n		
	DBS DIEZ BUSINESS SERVICES INC				
		Firm/ Company			
	4125 W WATERS AVE	China Company			
		Address			
	TAMPA, FL 33614				
		City/ State and Zip Coc	le		
DBS	.10@FRONTIER.COM				
	E-mail address: (to be us	sed for future annual report	t notification)		
For further informatio	n concerning this matter, pleas		871-1816		
Name	of Contact Person	at (Area Cc) 871-1816 ode & Daytime Telephone Number		
	r the following amount made				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section			Address dment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, F1, 32314		Clitton Building 2661 Executive Center Circle			
renanassec 17. 32.44		Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation of

FLORIDA MULTICOLOR PAINTING INC	
	ly filed with the Florida Dept. of State)
P17000024580	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-
(Principal office lauress <u>stost be a street address</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida sti	reet address)
<u>New Registered Office Address</u> :	. Florida
	12.47 Couer
New Registered Agent's Signature, if changing Registered Agent	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent.—I am familiar	with and accept the obligations of the position.
Signature of New I	Registered Agent, if 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	<u> 174</u>	<u>John De</u>	<u>ા૯</u>			
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	$\underline{\mathbf{SV}}$	Sally Sp	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
L) Change	VP	_	ANABELLE PEREZ	27 N BELCHER RD APT 105C		
XAdd				CLEARWATER, FL 33765		
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

	ets, if necessary).	(Be specific)			
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an amendment propositions for imple	ementing the amen	ange, reclassificat idment if not cont	ion, or cancellatio ained in the amen	n of issued shares, dment itself:	
(if not applicable					
(if not applicabl				_	
(if not applicabl					
(if not applicabl					
(if not applicabl					
Aif not applicabl					

	06/13/2017	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
06/1.	9/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(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 requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appropriate to separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder	
06/13/2017 Dated		
Signature		
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	ELADIO PEREZ ALVAREZ	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	-