P17000024589

(Request	tor's Name)
(Address	;)
(Address	;)
(City/Stat	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
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000330202980

06/17/13--01037--026 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Odis	Peke Painting	of Ina Inc.
DOCUMENT NUME	BER: <u>P170000</u>	24589	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
		Cliffed Me. Name of Contact Person	h's
		Name of Contact Person	n
		Firm/ Company	
	25	15 W. Kenmore Address	Ave
		Address F. 73613	
		City/ State and Zip Cod	c
	E-mail address: (to be us	Sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Cl: fford	Markin	at (<u>\$13</u>	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□S43.75 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)
Ame	ling Address endment Section	Ameno	Address Iment Section
Divi	sion of Corporations	Divisio	on of Corporations

Clifton Building

2661 Executive Center Circle

Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Odis † A	ate Princip IAC	
(Name of Corporat	tion as currently filed with the Florida Dept.	of State)
	P17000024589	
(Docu	ment Number of Corporation (if known)	<u></u>
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	da Statutes, this Florida Profit Corporation add	opts the following amendment
A. If amending name, enter the new name of the c	corporation:	· . · · · · · · · · · · · · · · · · · ·
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "C $lpha$ ", A professional corporat	
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)	
D. If amending the registered agent and/or registe		e of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
hereby accept the appointment as registered agent.		of the position.
Sign	nature of New 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	OP.	Dennis Senvels	12130 US. HUS 415. Lot. Gibson In, Fl 37574	
Add			G,55°A *A,F/ 315 JY	
2) Change				
Add Remove				
3) Change				
Add				
4) Change				
Add Remove				
5) Change				
Add				
6) Change				
Add				

If amending or adding additional Art	(Pagnarilia)
(Attach additional sheets, if necessary).	(Be specific)
	·
	
-	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
•	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: 6-(2-15) date this document was signed.	, if other tha
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed a:
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust 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 Cliffed Marking group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ider
Dated 6-12-19 Signature Odo Martin	
Signature (1) Odo Martine	
(By-a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court
Cliffed Markin	
(Typed or printed name of person signing)	
President	
(Title of person signing)	