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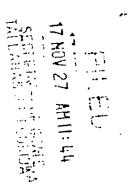
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PAINTING EXPE	ERIENCE SERVICES INC	
DOCUMENT NUMB	P17000050133		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS A NUNEZ		
		Name of Contact Perso	n
		Firm/ Company	
	13789 SW 157 TERR		
	MIAMI , FL 33177	Address	
		City/ State and Zip Cod	e
For further information	E-mail address: (to be use a concerning this matter, please	sed for future annual report	notification)
LUIS A NUNEZ		at (3622061
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address dment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FEED

17 NOV 27 AH 11: 43

SEMERALO LO MATE TALLABASSEE E GADA

PAINTING EXPERIENCE SERVICES INC

	The Calculation of Calculation of Calculation
(Name of Corporation as currently f	ned with the Florida Dept. of State)
P17000050133	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following 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 "Co word "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address)	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
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 address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	1.
Name of New Registered Agent	NA
(Florida street	addrawa)
(Fiorita sirevi	
New Registered Office Address:	, Florida
(C	ns) (zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED

If amending the Officers and/or Directors, enter the title and name of each officer/director being comoved and hiffe, name, and address of each Officer and/or Director being added: SECRETAL - LE LUME TALLAMAENT : LORIDA

Cattach	additional	choote i	f necessary)
muucn	aaaaaaaaa	SHEETS, I	i neccoaurs,

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 Doe	
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	VP	ARON ARIEL NUNEZ CATALAN	13789 SW 157 TERR
X Add			MIAMI, FL 33177
Remove			
2) Change	VP	LUIS FERNANDO NUNEZ CATAL	13789 SW 157 TERR
X Add			MIAMI, FL 33177
Remove			
3) Change			***************************************
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damara			

Page 2 of 4

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an amendment provi provisions for impleme	des for an exchan	ige, reclassification.	or cancellation	<u>1 of issued shar</u> Iment itself:	res,	
(if not applicable, i	indicate N/A)	ment is not contain		The state of the s		
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after o	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor locument's effective date on the Department of State's records.	y filing requirements, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehole action was not required.	der action and shareholder
Dated	
	ŭ-
Signature (By a director, posident or other officer – if direct	ors or difficers have not been
selected, by an incorporator - if in the hands of a	
appointed fiduciary by that fiduciary)	
Typed or printed name of pers	ŶEZ
Presider 1	

(Title of person signing)