## P17000057456

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SECRETARY OF STATE

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: RINCON PAINTI	NG INC	
DOCUMENT NUMBE	R: P17000051456		
	Amendment and fee are su	bmitted for tiling.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Α	NGEL DIEZ		
_		Name of Contact Persor	1
17	BS DIEZ BUSINESS SER	VICES INC	
_		Firm/ Company	
4	125 W WATERS AVE		
_		Address	
т	AMPA, FL 33614		
		City/ State and Zip Code	-
DBS.10	@FRONTIER.COM		✓
	E-mail address; (to be us	sed for future annual report	notification)
For further information c	concerning this matter, pleas	se call:	
ANGEL DIEZ		813 at (	871-1816 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:
S35 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)
Ameno Divisio P.O. H	ig Address Iment Section on of Corporations ox 6327 assec, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RINCON PAINTING INC		
(Name of Corporati	ion as currently filed with the Florida Dept. of Stat	<u>e</u> )
P17000051456		
(Docun	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL.  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	p." "Inc." or "Co". A professional corporation nan cabbreviation "P.A." <u>e:</u> <u>DRESS</u> )	or the abbreviation
D. If amending the registered agent and/or register new registered agent and/or the new registered		
Name of New Registered Agent		<del></del>
	(Florida street address)	
None Description of CMC and Laboration	. Florida	
New Registered Office Address:	(City)	tZip Coder
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the p	vosition.
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, 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.

X Change	<u> 6.1.</u>	John Doe	
X Remove	<u>\forall^{2}</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DOUGLAS RINCON	3923 DEL VALLE AVE
X Add			TAMPA, FL 33614
Remove			
2) Change			
Add			
Remove			
3.) Change	<del>-</del>	<del>-</del> -	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an excha	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	07/03/2017	
The date of each amendment(s)	adoption:	, if other than the
fate this document was signed.	7/02/04/17	
U Effective date <u>if applicable</u> :	7/03/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
07/03/20 Dated Signature	917 19 2mg	
(By a selection of the	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	_
	KIRK RINCON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	