# P17000069128

(Reque	stor's Name)	
(Addres	ss)	
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08/28/17--01014--002 \*\*35.08



C. GOLDEN : AUG 31 2017

# **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: Tinker's Painting Inc  DOCUMENT NUMBER: P170000 69128				
DOCUMENT NUMBER. 4 2 / C C C 11/2 9				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  Tinker's Painting Inc.  Fifn/Company  16430 3154 Rd  Address				
Fifn/ Company				
Melborn FC 32094  City/ State and Zip Code				
Truker Knisley @ amail. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Teffrey D Kwisley at (386) 365-7805  Name of Contact Person Area Code & Daytime Telephone Number				
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:				
☑ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)				

# Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment

Articles of Incorporation of

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I IN KERS PAINTING I	.vc. 2017 AUS 28 PM 4: 5
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
Mame of Corporation as current P17000069128  (Document Number	SALA A SOCIA FLORIC
(Document Number	of Corporation (if known)
suant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
N/A	The new
ne must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or d"chartered," "professional association," or the abbreviation  Enter new principal office address, if applicable:	"Co". A professional corporation name must contain the
incipal office address <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/17
•• • • • • • • • • • • • • • • • • • •	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
1/12	····
Name of New Registered Agent // //	
′	
(Florida si	treet address)
New Registered Office Address: 10/14	, Florida

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>Q</u>	Jeffrey D Knisley	16430 315+Rd Wellburn, FC. 52044
∠ Add		,	Wellburn, Fl. 52014
Remove			<del></del>
2) Change		<del>_</del>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or addi Attach <i>additional she</i> U/A	rets, if necessary).	(Be specific)				
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an amendment proprovisions for imple (if not applicable)	ovides for an exchementing the ame	ange, reclassificandment if not cor	tion, or cancellat tained in the ame	tion of issued sha endment itself:	res,	
<i>-</i>		, <u></u>				
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	, if other than the
date this document was signed.	
Effective date if applicable: 11 A (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 block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $S - 24 - 2017$ Signature $\boxed{200}$	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
73	
President	

(Title of person signing)