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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	CORP	
DOCUMENT NUMB	P17000076648	<u> </u>	
The enclosed Articles e	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	ELIEZER SOLIS		
-	JIRET PAINTING CORP	Name of Contact Person	1
•		Firm/ Company	
	29830 SW 146 AVE	• •	
		Address	<del></del>
	HOMESTED FL 33033		
•		City/ State and Zip Code	e
THET	AXHOUSE@LIVE.COM		,
	<del>▼</del>	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: 786	2597653
	of Contact Person	at (	de & 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amene Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JIRET PAINTING CORP (Name of Corporation as currently filed with the Florida Dept. of State) P17000076648 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: JIREH PAINTING CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 29830 SW 146 AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) HOMESTEAD FL 33030 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida 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 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>PT</u>	John De	<u>e</u>				
X Remove	<u>v</u>	Mike Jo	nes				
<u>X</u> Add	<u>SV</u>	Sally Sn	nith				
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change		<u>_</u>					
Add							
Remove							
2) Change		_		-			
Add							
Remove							
3 ) Change							
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change					·		
Add							
Remove							

	ng additional Arti rets, if necessary).	(Be specific)			
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·	uwidae fon an arab	sanan malaccifia	stian ar agnaellati	ion of issued shares	
provisions for impl	ementing the ame	ndment if not cor	ition, or cancenau	ndment itself:	1
(if not applicab	le, indicate N/A)				
					_
· · · · · · · · · · · · · · · · · · ·					
·					

	12/26/2017	
The date of each amendment(s)		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.	:)
	pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	г
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
12/26/20 Dated	17	
Signature	SILLSP	
(By a select	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 cour inted fiduciary by that fiduciary)	1
	ELIEZER SOLIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	