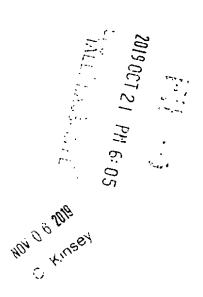
P17000079883

Office Use Only



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18/21/19--01887--829 **85.08



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GARCIA & SON	S PAINTING INC	
DOCUMENT NUMB			
The enclosed <i>Articles o</i>	f Amendment and fee are so	ubmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
J	ANIE CASTILLO		
_		Name of Contact Perso	n
(
_		Firm/ Company	
t	4 N DESOTO AVE		
-		Address	
	ARCADIA, FL. 34266		
_		City/ State and Zip Cod	e
CASTI	LLOPAYROLL@GMAIL.	COM	
		sed for future annual report	notification)
For further information	concerning this matter, plea		101.0245
	Contact Person	at (<u>863</u>	
			de & Daytime Telephone Number
inclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GARCIA & SONS PAINTING INC

P17000079882		,	
(Document Numb	er of Corporation (if know	wn)	
Oursuant to the provisions of section 607,1006, Florida Statutes, ts Articles of Incorporation;	his <i>Florida Profit Corpo</i>	pration adopts the fo	llowing umendment(s)
A. If amending name, enter the new name of the corporation N/A	<u>:</u>		
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professiona,	"incorporated" or l corporation name	The new the abbreviation must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
2. Enter new mailing address, if applicable:			2019
(Mailing address MAY BE A POST OFFICE BOX)	N/A —		0C 21
D. If amending the registered agent and/or registered office a	ddinas in 19 mid		PH 6:
new registered agent and/or the new registered office addi	<u>'ess:</u>	the name of the	0.5
Name of New Registered Agent N/A			
(Florida	i street address)	<u> </u>	
New Registered Office Address:		Florida	
	(City)		(Zip Code)
ew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent.—I am famili	ent: ar with and accept the ob	oligations of the posi	ition.
Signature of Ne	w Registered Agent, if ch		

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: \underline{X} Change	<u> </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>	Address
1) Change	VP	EDUARDO GARCIA	1316 NE HICKORY ST
Add X Remove			ARCADIA, FL34266
2) Change			
Add Remove			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			

	ch additional sheets, if necessary). (Be specific)
N/A	
_	
`. <u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
∛A	
_	

The date of each amendment(s) ad	[0/14/2019 loption:	. if other than the
date this document was signed.	Sprion.	If Other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sflicient for approval.	s)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
10/14/2019		
Dated	1 6	
Signature X	dr. (/200 /0	
	rector, president or other officer – if directors or officers have not been	
	t, by an incorporator – if in the hands of a receiver, trustee, or other cour	1
appoint	ed fiduciary by that fiduciary)	
	CESAR GARCOA (PSAr (PARCIA)	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)