P18000006302

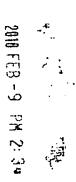
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TO: Amendment Section Division of Corporations

2010 FEB - 9 PM 2: 34

NAME OF CORPO	RATION: AURORA RESTO	RATION SERVICES COI	RP
DOCUMENT NUM	P18000006302		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	YVES MAIA		
		Name of Contact Perso	n
	TAX LINKS CONSULTAN	TS	
		Firm/ Company	
	5111 S ORANGE AVE		
	-	Address	
	EDGEWOOD, FL 32809		
		City/ State and Zip Cod	e
VM	TLC@CONSULTANT.COM		
	_	sed for future annual report	natification)
For further information	on concerning this matter, pleas		
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AURORA RESTORATION SERVICES CORP

2018 FEB -9 PM 2: 38

(Name of Corporatio	on as currently filed with the Florida Dept. of State)
P18000006302	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
AURORA PAINTING SERVICES CORP	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	27. 11 11
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	·
Siena	tture 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 Do	<u>ae</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_	·	
Add				
Remove				
6) Change				
Add				
Remove				

(Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
UST NEE	D TO CHANGE THE ORIGINAL NAME TO "AURORA PAINTING SERVICES CORP"	
		
		_
. If an ar	nendment provides for an exchange, reclassification, or cancellation of issued shares,	
provis	ons for implementing the amendment if not contained in the amendment itself:	
(if	not applicable, indicate N/A)	

The date of each amendment(s) ad	02/05/2018 ention:	, if other than th
date this document was signed.	<u> </u>	
Effective date if applicable:	(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 bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
02/05/2018		
Dated		
Signaturo	ind and a second	
(By a di	rector, president or other officer – if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	ANDRE DA SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	