

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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ZOIN AUG 24 AM 9: 05
SECRETARY OF STATE
TALLAHASSEE

R. WHITE AUG 2 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations OCD painting and flooring Inc. NAME OF CORPORATION: __ DOCUMENT NUMBER: <u>18000010574</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charlson Hadelen
Name of Contact Person Address 32726 City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

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

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is enclosed)

Author of Almendment

Articles of Incorporation of

FILED

100.00

2018 AUG 24 AM 9: 05

(Name of Corporation	on as currently filed with the Florida DS CREWICK OF STATE TALLAHASSEE, FL
OCD Painting an	of Flooting The MALLAHASSEE, FL
) (Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation " "Inc." or "Co". A professional corporation name must contain the abbreviation "P,A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	V.
(Muning duaress MAT BE A TOST OF FICE BO.	
	·
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	
Name_of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg-	istered Agent:
	I am familiar with and accept the obligations of the position.
Sione	ature of New Revistered Avent, 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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		Ricky Keenan	36541 Skycrest
Add Remove			Blud Fruitland PK FL 34731
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, adment if not containe	or cancellation d in the amend	of issue ment its	<u>d snares.</u> elf:	
(if not applicable, indicate N/A)					
Ricky Keenan wi	ill here by	<u> </u>	_50_	Shares	<u>of th</u>
^ \.	•				
Corporation					<u> </u>
Corporation					
Corporation					

The date of each am	nendment(s) adoption: 8/21/18	, if other than the
Effective date <u>if app</u>	·	
Effective date is upp	(no more than 90 days after amendment file date)	
	serted in this block does not neet the applicable statutory filing requirements, this datate on the Department of State's records.	te will not be listed as the
Adoption of Amendi	ment(s) (<u>CHECK ONE</u>)	
) was/were adopted by the shareholders. The number of votes cast for the amendment(s rs was/were sufficient for approval.	;)
) was/were approved by the shareholders through voting groups. The following stateme by provided for each voting group entitled to vote separately on the amendment(s):	rnt
	r of votes cast for the amendment(s) was/were sufficient for approval	
py	(voting group)	
The amendment(s) action was not requ) was/were adopted by the board of directors without shareholder action and shareholde uired.	er
■ The amendment(s) action was not requ) was/were adopted by the incorporators without shareholder action and shareholder uired.	
Dat	red 8/21/18	
Sig	(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 cours appointed fiduciary by that fiduciary)	1
	Charlson Hadden (Typed or printed name of person signing)	
	President (Title of person signing)	