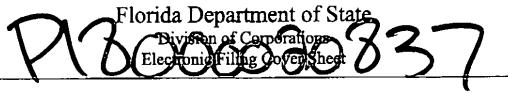
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Name : LICENSES & PERMITS LLC	1111	ڣ
	Account Number : I20210000155	•	Ω.
	Phone : (305)226-8727	•	9
	Fax Number : (305)226-8767		

annual report mailings. Enter only one email address please.**

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN PAINT'S LEYVA CORP

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Fax Server



November 18, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAINT'S LEYVA CORP 11280 SW 2ND ST MIAMI, FL 33174

SUBJECT: PAINT'S LEYVA CORP

REF: P18000020837

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to list the title for the officer/directors listed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Trene Albritton
Regulatory Specialist III

FAX Aud. #: H21000424073 Letter Number: 621A00028056

COVER LETTER

TO: Amendment Section
Division of Corporation

NAME OF CORPOR	ATION: PAINTS LEYVA	CORP	
DOCUMENT NUME	ER: P18000020837		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUCIA ESTRELLA		
•		Name of Contact Person	<u> </u>
	LICENSES & PERMITS LL	C	
•	***	Firm/ Company	
	8300 WEST FLAGLER STR	EET SUITE 114	
•	· -	Address	
	MIAMI, FLORIDA 33144		
·		City/ State and Zip Code	3
	ACRUZ.ACCURATE@GM	AIL.COM	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LUCIA ESTRELLA		at (305	226-8727
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

PAINT'S LEYVA CORP	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P18000020837	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	T E
D. If amending the registered agent and/or registered office ac	idress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
New Readlerea Office Naturess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	l) (e), F.S.

11/18/2021 03:22 (FAX) P.004/007

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)

Example:

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.

X Change	PT John	<u>Doe</u>	
X Remove	V Mike	Jones .	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Pres	DAVID GOMEZ HERNANDEZ	11280 SW 2 STREET
Add			MIAMI, FLORIDA 33174
X Remove	^ 40.0		
2) Change	AMBIL	RAY RAMIREZ CASAS	11280 SW 2 STREET
X Add			MIAMI, FLORIDA 33174
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Tarana mananana anabab y neecaany).	(man of society)			
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	(if not applicable indicate N/4)	indment if not contained in the amendment itself:			
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	11/16/2021		
The date of each amendment(s) adopt	don:not:		, if other than the
date this document was signed.			
. 11/16/20 Effective date <u>if applicable</u> :	121		
DIRECTIVE MADE IT APPRICADITY	(no more than 90 da	tys after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart		e statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adopted action was not required.	I by the incorporators, or boar	rd of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		mber of votes cast for the amendme	:nt(s)
☐ The amendment(s) was/were approve must be separately provided for each			ement
"The number of votes cast for t	the amendment(s) was/were s	ufficient for approval	
by		**	
,	(voting group)		
11/16/2021 Dated			
selected, by		- if directors or officers have not be ands of a receiver, trustee, or other of	
ARI	NOLVIS LEYVA		
	(Typed or printed named of the control of the contr		