P18000021999

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #)		
<u>_</u>	☐ WAIT	MAIL		
(Bu	isiness Entity Name)		
(Do	ocument Number)	· .		
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				
Special Instructions to	Filing Officer:			

Office Use Only



800317269488

08/21/18--01008--024 ••43.75

FILED
2018 AUG 21 PM 1: 04
2018 AUG 21 PM 1: 04

AUG 2 2 2018

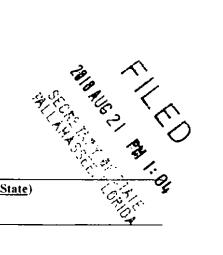
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RAINBOW PAIN	TING & PRESSURE CLE	ANING 7209 INC
	BER: P18000027999		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	IRAIDA C GALEANO GAL	LEAS	
		Name of Contact Person	1
	P		
	·	Firm/ Company	
	919 ALFREDA AVE		
		Address	
	LEHIGH ACRES FL, 33971		
		City/ State and Zip Code	2
GAI	.EANOIRAIDA031@GMAIL	.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	239	270-3427
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
	or the following amount made		
□ \$35 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)
Am Div P.C	illing Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



RAINBOW PAINTING & PRESSURE CLEANING 7209 INC

ation (if known) Profit Corporation adopts the following amendment(s) to				
ration (if known) Profit Corporation adopts the following amendment(s) to				
Profit Corporation adopts the following amendment(s) to				
The new				
mpany," or "incorporated" or the abbreviation professional corporation name must contain the				
ALFREDA AVE				
GIH ACRES FL, 33971				
ALFREDA AVE				
LEHIGH ACRES FL, 33971				
lorida, enter the name of the				
				
ess)				
, Florida				
(Zip Code)				

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					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s				
1) Change	VP	CARLO SALVADOR LOPEZ	3634 UNIQUE CR				
Add			FORT MYERS FL, 33908				
X Remove							
2) Change	VP	JOSE GEOVANNY ESPINOZA	919 ALFREDA AVE				
X Add			LEHIGH ACRES FL. 33971				
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

(Attach add	ditional sheet	s, if necessary). (Be speci	change(s) her ific)	<u> </u>			
			·· ·					
		-						
								
					.			
								
					·····			
	· · · · · · · · · · · · · · · · · · ·							
<u> </u>						 .		
					·			
						<u>-</u>		
lf an amei	ndment prov	ides for an e:	change, recl:	assification, o	r cancellation	of issued sha	res.	
provision	<u>is for implen</u>	nenting the ai indicate N/A)	<u>mendment if i</u>	not contained	in the amend	ment itself:		
(9 740	и ируписите,							
<u></u> _		 -						
·					<u>,</u>			
		·						
	·	_						

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
08/03/2018		
Signature	Dh.	
(By a direof selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	_
IRA	AIDA C GALEANO GALEAS	
_	(Typed or printed name of person signing)	
P		
	(Title of person signing)	