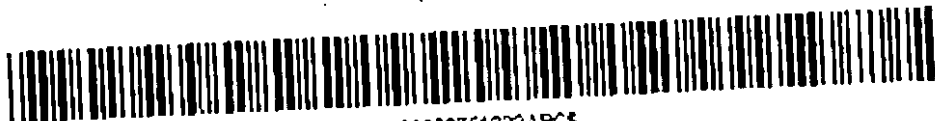P18000040093

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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Doing so will generate another cover sheet.**

To:
    Division of Corporations
    Fax Number   : (850)617-6380

From:
    Account Name   : EAGLE TAX REPRESENTATION, CORP.
    Account Number : I20070000037
    Phone   : (954)532-3842
    Fax Number   : (954)532-3847

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

**FILED
18 SEP 21 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SKYLAND PAINTING, INC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	$35.00

SEP 24 2018

S. YOUNG

COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: SKYLAND PAINTING, INC

DOCUMENT NUMBER: P18000040093

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FEDERICO MEDINA
_____
Name of Contact Person

EAGLE TAC REPRESENTATION CORP
_____
Firm/ Company

5493 WILES ROAD SUITE 105
_____
Address

COCONUT CREEK, FL 33073
_____
City/ State and Zip Code

PAULO@EAGLE-TAX.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULO OLIVEIRA _____ at (954) 532-3842
    Name of Contact Person   Area Code & Daytime Telephone Number

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
                                       (Additional copy is   Certified Copy
                                       enclosed)   (Additional Copy
                                                       is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                                  Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SKYLAND PAINTING, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000040093

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____*The new name* must be distinguishable and contain the word *"corporation," "company,"* or *"incorporated"* or the abbreviation *"Corp.," "Inc.,"* or *Co.,"* or the designation *"Corp," "Inc,"* or *"Co".* A professional corporation name must contain the word *"chartered," "professional association,"* or the abbreviation *"P.A."*

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)*

[FILED — SEP 21 18 AM 8: 48 — SECRETARY OF STATE TALLAHASSEE, FLORIDA]

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____   _____

_____   _____
(Florida street address)

New Registered Office Address: _____   _____, Florida _____
(City)   (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	P	MEDINA, FREDERICO	4905 NE 2ND TER POMPANO BEACH, FL 33064
2) ___ Change X Add ___ Remove	P	MEDINA, FEDERICO M	4905 NE 2ND TER POMPANO BEACH, FL 33064
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*).   (*Be specific*)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

F. 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*)

N/A

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ _____, if other than the date this document was signed.

Effective date if applicable: _____ _____ _____ _____ _____
<center>(no more than 90 days after amendment file date)</center>

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   (CHECK ONE)

■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 ____ _____ _____ ___"
<center>(voting group)</center>

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
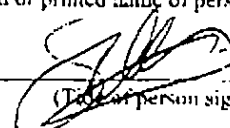
    Dated   **09,21 12018**

    Signature _____

    (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 court
    appointed fiduciary by that fiduciary)

    FEDERICO M MEDINA
    _____
    (Typed or printed name of person signing)

    PRESIDENT
    _____
    (Title of person signing)

<center>Page 4 of 4</center>