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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: Above an	d Beyond Pa	inting and Restoration	1 Inc
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	oundence concerning this ma	tter to the following:		
-	Thomas C.	Name of Contact Person	n	
-	2236 Filmo	re (d		
-	Tallahassee,	F \ 3130J City/ State and Zip Cod		
	E-mail address: (to be us	@gmail (om sed for Juture annual report		
For further information	concerning this matter, please	. •	(2272)	
Name o	pert Blankens Contact Person	at (856 Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$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)	

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

ABOVE AND BEYOND F	PAINTI	4VG AND	RESTOK	<u>atic</u>	<u> ۱۷۲</u>	Ī
(Name of Corporation	as currently fil	ed with the Florid	a Dept. of State)			
71	8000C	140117				
(Documer	nt Number of Co	rporation (if know	1)			
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Floi</i>	rida Profit Corpord	ution adopts the foll	owing ame	ndmei	nt(s) to
A. If amending name, enter the new name of the corp	poration:					
				The	new	
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp." word "chartered." "professional association," or the ab	"Inc," or "Co"	. A professional	incorporated" or t corporation name t	he abbrevi nust contai	iation in the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	- R <u>ESS</u>)					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- ') - -		·	SECRETARY FALLIAHASSE	2013 JUL 29	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address ffice address:	in Florida, enter	the name of the	OF STATE. FLORI	AM (0: 5)	ED
Name of New Registered Agent	<u></u>	**			0	
	(Florida street	address)				
New Registered Office Address:			Florida			
	(Ci	(57)		(Zip Code)		
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	stered Agent: 'am familiar with	i and accept the ob	ligations of the pos.	itíon.		
Signa	iture of New Regi	istered Agent, if ch	anging			

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.

Mike Jones, v as Kemov	e, ana sauy s n	nun, 5v as an Ada.	
Example: XChange	PT Joh	nn Doe	
\underline{X} Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	Robert Blankenship	10923 old Woodwille ro Tollahossee Fl 32305
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			urr
Add Remove			 _

fan 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 NA)	f amending or adding addition	al Articles, enter cha	inge(s) here:		
provisions for implementing the amendment if not contained in the amendment itself:	Attach <i>additional sheets, if nece</i>	sary). (Be specific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
Dated 7-29.2019	
Signature Thomas Wito	
(By a director, president or other officer - if directors or officers have no	et been
selected, by an incorporator - if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
Thomas (Watron	
(Typed or printed name of person signing)	
President	
(Title of person signing)	