## P18D00049219

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Amend

JUL 0 6 2018

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: MAIBLAND PAIN	ITING INC	<del></del>	
DOCUMENT NUMI	BER: P18000049279			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JAIME MAIRENA			
		Name of Contact Person	1	
	MAIBLAND PAINTING INC			
		Firm/ Company		
	4915 NAVARRE ROAD			
		Address		
	LAKE WORTH, FL 33463			
		City/ State and Zip Cod	<u> </u>	
joem	arvending@gmail.∞m			
		sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
JAIME MAIRENA		at (	667-0877	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mai	iling Address	Street	Address	
	endment Section	Amendment Section		
Division of Corporations		Division of Corporations		
	. Box 6327 ahassee, FL 32314		Building Executive Center Circle	
1811	аназыс, Г. Б.	2001 E	WOORRAG CELLER CHAIL	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## MAIBLAND PAINTING INC

(Attack of Corporate	on as currently filed with the Florida Dept. of State)
P18000049279	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a 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
	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 <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X SECTION I
D. If amending the registered agent and/or register	
new registered agent and/or the new registered	office address:
Name of New Registered Agent	—————————————————————————————————————
<del></del>	(Florida street address)
	(1 to that sires had ess)
New Registered Office Address:	, Florida

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	<u>PT</u>	John Doe	
X	Remove	Y	Mike Jones	
<u>_X</u>	Add	<u>sv</u>	Sally Smith	
	pe of Action neck One)	Title	Name	Address
1)	Change	VP	YENNIFER MAIRENA	4915 NAVARRE ROAD
	Add			LAKE WORTH, FL 33463
	X Remove			
2)	Change			
	Add			
	Remove			
3)	Change			<del> </del>
	Add			
	Remove			·
4)	Change			
	Add			
	Remove			
5)	Change	<u></u>		
	Add			
	Remove			
6)	Change			
	Add			<del></del>
	Remove			

•	(Be specific)
-	
	· · · · · · · · · · · · · · · · · · ·
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an end in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment)	file data)
(no more than 90 days after amenament)	nie uuie)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	nirements, 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 cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast 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 was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action as action was not required.	nd shareholder
06/25/2018 Dated	
Signature Medica (By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
JAIME MAIRENA	
(Typed or printed name of person signing)	······································
PRESIDENT	
(Title of person signing)	