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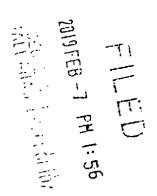
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EMI	LIO LORENZ	O REPAIR & PAINTING	INC.
DOCUMENT NUMBER: P1800005			
The enclosed Articles of Amendment		bmitted for filing.	
Please return all correspondence conc	erning this mat	ter to the following:	
EMILIO LORE	ENZO		
		Name of Contact Persor	<u> </u>
EMILIO LORE	ENZO REPAIR	R & PAINTING INC.	
-=		Firm/ Company	
11267 DEAN S	г		
		Address	
BONITA SPRI	NGS, FL 3413	35	
		City/ State and Zip Code	
CGPSSERVICES@/	OL.COM		
E-mail add	iress: (to be us	ed for future annual report	notification)
For further information concerning thi	s matter, pleas	e call:	
_	·		
EMILIO LORENZO		at (<u>239</u>	_) 200-4723
Name of Contact Perso	n	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made p	payable to the Florida Depa	rtment of State:
	Filing Fee & ate 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 Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EMILIO LORENZO REPAIR & PAINTING INC.	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
P18000056802	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
A.E.G. REPAIR & PAINTING INC.	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BISEED -7 PR
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of l	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.

X Change	PT	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Na</u>	<u>me</u>		<u>Addres</u> s
1)Change	T		David	Mateu Godinez	11267 Dean St
X Add					Bonita Springs, FL 34135
Remove					
2) Change					
Add					
Remove					
3)Change					
Add					
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding addition (Attach additional sheets, if neces	
PLEASE CHANGE COMPANY N	
•	
	
	
	
	
F. If an amendment provides for a	an exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate i	he amendment if not contained in the amendment itself: N/A)
	

The date of each amendmen date this document was signed		if other than the
-	02/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendmen tere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by ONE HUNDREI		
·,	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
02/01 Dated	/2019	
Signature _	Enlarge	
(f s	By a director, president or other officer – if directors or officers have not bee elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	EMILIO LORENZO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	