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COVER LETTER

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TO: Amendment Section Division of Corpor	rations		
NAME OF CORPORA	ATION: JB Pai	inting Plus	of Florida Inc
DOCUMENT NUMBI			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	John F	Senning Name of Contact Person	
-	JB Pain	nting Plus	S of Florida Inc.
-	3539 Fores	st Branch T Address	Srive UnitA
-	Part Oran	Ge, FC 3 City/ State and Zip Code	2129
-	The Painting E-mail address: (to be use	Q Plus @ 5	mail com notification)
For further information	concerning this matter, pleas	se call:	
JDh () Name o	Benning F Contact Person	at (386 Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	idment Section		Iment Section on of Corporations
	ion of Corporations Box 6327		entre of Tallahassee
	hassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000079	2 3 9
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "cor	The new
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A particle designation "Corp." "Inc," or "Co". A particle designation "P.A."	rpany, or incorporated or the aboreviation Corp., professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	202
	FP 1
C. Enter new mailing address, if applicable:	26 <u>□</u>
(Mailing address MAY BE A POST OFFICE BOX)	ÖC 👱 🕕
•	<u> </u>
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Jason W	ells
3539 Fo	gest Branch Drive Unit A
New Registered Office Address: POX+ Ora	ry), Florida 37 79 (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.
Jan La	46/S
Signature of New Regi	stered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Jason Wells	2539 Forest Branch Dr Unit A Post Orange, FL321
X Add			During C + 271
Remove			POA Olange, LUSA
2) Change			
Add			
Remove Change			2000 SED
Add			- SEE TI
Remove			28
4) Change			
Add			-
Remove			——————————————————————————————————————
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
				
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an amendment provides for an excl	nange, reclassification, or cancellation of issued shares		AH	-
provisions for implementing the ame	endment if not contained in the amendment itself:	י ריי	7:	į
(if not applicable, indicate N/A)		7.7	=	
		1.,		
		<u> </u>		
		·		

The date of each amendment(s) add date this document was signed. Effective date if applicable:	9/2	14 2020 90 days after amendm	ent file date)		, if other than the
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the appliartment of State's records.	icable statutory filing	requirements, thi	is date will n	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adop action was not required.	ted by the incorporators, or	board of directors with	thout shareholder	action and sl	hareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ficient for approval.				<u>.</u>
☐ The amendment(s) was/were appromust he separately provided for e	oved by the shareholders th ach voting group entitled to	rough voting groups. o vote separately on th	The following sta e amendment(s):	ttement 020 SE	
"The number of votes cast for	or the amendment(s) was/w	ere sufficient for appr	oval)
byIn	Corporatov (voting group)		<u></u> ."	ラン 00 グパー・ グパー・	-
,	(voting group)			AM S	
Dated	1/24/2020	_		TAIE 7: L4	:
Signature	how to	nam/			_
(By a direscreted,	ector, president or other off by an incorporator – if in t d fiduciary by that fiduciary	he hands of a receiver			
_		Bennin	9		
	(Typed or printed	l name of person signi	ng)		
	Procid	ent CEC)		

(Title of person signing)