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SECRETARIES FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ANGEL SOLUTION	ONS & PAINTING INC			
	IBER: P1800079897				
	s of Amendment and fee are su	ubmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	CARLOS PEREZ				
	Name of Contact Person				
	C PEREZ PROFESSIONAL SERVICES INC				
	Firm/ Company				
	4343 W WATERS AVE	, ,			
	Address				
	TAMPA, FL 33614				
		City/ State and Zip Cod	e		
——- For further informati	E-mail address: (to be use on concerning this matter, please	sed for future annual report	notification)		
CARLOS PEREZ			249-2300		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filling 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ANGEL SOLUTIONS & PAINTING INC

( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u> )		
P18000079897					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Floridu Profit Corporation adopts the	following amendmen	ıt(s) ta	
A. If amending name, enter the new n	ame of the corporation:		The new		
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	aution "Corp," "Inc," or	"Co". A professional corporation name	or the abbreviation		
B. Enter new principal office address,	if applicable:	1233 AUTUMN DR LOT 244			
(Principal office address MUST BE A S		TAMPA FL 33613	TAMPA FL 33613		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1233 AUTUMN DR LOT 244	18 550 14L		
	(Studing duaress SIAT BE A FOST OFFICE BOX)		NON LINE		
			25.5. - 6	=	
D. If amending the registered agent an new registered agent and/or the new			AH 8:		
Name of New Registered Agent	ANGEL L CORTES VA	LENTIN	10 A		
	1233 AUTUMN DR LOT 244				
	(Florida s	treet address)			
New Registered Office Address:	ТАМРА	, Florida	33613		
		(City)	(Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>			
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the p	osition.		
	Angel Costs				
	Signature of New	Registered Soent if changing	<del></del>		

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	ANGEL L CORTES VALENTIN	1233 AUTUMN DR LOT 244
Add			TAMPA FL 33613
Remove			
2) Change			
Add			
Remove			
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchaprovisions for implementing the amendiful (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
<del></del>	

The date of each amendment(	s) adoption:	, if other than th
date this document was signed.		
	11/02/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date very Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/02/2 Dated		
Signature	Angel Contes	
selo	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	ANGEL L CORTES VALENTIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>

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