P18000093531

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2022 AUG 15 AM 7: 48
SECRETARY OF STATE
TALLAHASSEE, FL

7077 AUG 15 AM 7:4

12/5/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TIKAL PAINTIN	G SERVICES INC	 -			
DOCUMENT NUM	P18000003531					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corre	spondence concerning this ma	atter to the following:				
	SAMUEL NICOLAS					
	Name of Contact Person					
	TIKAL PAINTING SERVICES INC					
	Firm/ Company					
	2641 JUNCTION RD					
	Address					
	ZELLWOOD, FL 32798					
		City/ State and Zip Code	2			
	SAMUELPAINT40@GMAI	IL.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further intermetic	on concerning this matter, plea					
ror in the mormano	at concerning this matter, plea	se can:				
SAMUEL NICOLAS		at (407	230-1662			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

2022 AUG 15 AM 7: 48

TIKAL PAINTING SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State CREDITY OF STATE P18000093531 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida, (City) 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. Signature of New Registered 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 Doc	
X Remove	\underline{V}	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	VITALINO SEBASTIAN NICOLAS	500 E 11TH ST
X Add			LEHIGH ACRES, FL 33912
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	additional sheets, if necessary). (Be specific)
<u> </u>	
	,
	
	<u> </u>
	
<u>If an ar</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares,
provis	ions for implementing the amendment if not contained in the amendment itself:
(if	not applicable, indicate N/A)
_	
·	

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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)	ile date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requestrement of State's records.	airements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	lopted by the shareholders. The number of votes cast fo sufficient for approval.	r the amendment(s)
	oproved by the shareholders through voting groups. The reach voting group entitled to vote separately on the an	
"The number of votes car	it for the amendment(s) was/were sufficient for approval	
by		•
	(voting group)	
08/11/20: Dated	12	
Signature 🛋	Sing Nini	
select	director, president or other officer – if directors or office ed, by an incorporator – if in the hands of a receiver, trunted fiduciary by that fiduciary)	
	SAMUEL NICOLAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	